THE CONNECT CENTER
Resources for living. Connections for life.

Volunteer Application

Date: _____

First Name: _____ **Middle:** _____ **Last:** _____

Street Address _____

City: _____ **State:** _____ **Zip Code:** _____

Phone Number: _____ **Email:** _____

Preferred Method of Contact: _____ Call _____ Text ___ Email

Date of Birth _____

Do you have a driver's license? __ Yes __ No **Insured Vehicle?** __ Yes __ No

Why are you interested in volunteering with The Connect Center??
_____
_____

Check (☑) the times that are you available to volunteer

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Morning							
Afternoon							
Evening							

Notes:
_____

_____

_____

What are your areas of interest? Check (☑) all that apply.

_____ Youth Connections Drop-In Center Volunteer
_____ Participate in events (provide activities or entertainment, help with set up, serve food)
_____ Lead a class for clients in the areas of your expertise
_____ Provide child care during community events, workshops, support groups
_____ Mentor a family
_____ Provide transportation for clients searching for jobs and/or housing
_____ Provide child care while clients are job searching or going out for interviews
_____ Help clients with cover letters and resumes
_____ Help with one-time volunteer projects such as a back to school supplies drive
_____ Mentorship and Homework Help Tutors for K-12 students
_____ Data entry, office and clerical help
_____ Community relations—help build strong community connections
_____ Help with fund raising
_____ Supportive Housing Program Committee
_____ Help with Writing our Stories Workshops
_____ Scrap booking workshops
_____ Music instruction
_____ Photography
_____ Youth activities
_____ Healthy cooking classes
_____ Sewing

Notes:

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