

CHANGING THE WORLD ONE CHILD AT A TIME						
S.E.T. COMMUNITY YOUTH CENTER, INC.						
VOLUNTEER APPLICATION						
	DATE RECEIVED					
Name	Phone					
Email:						
Address (Mailing)						
	City	State	ZIP			
Address (Business)						
If you want to be contacted there. Please check your age group	City		ZIP			
Under 16	16-30	31-60	over 60			
Education level:						
Elem Middle	Hig	ŗh	College			
Marital Status: Single Married	Divorce	dWi	dow			
Children: Pre-School Elem Mide	dleHig	hCol	llege			
Do you have transportation?						

In what areas would you be interested in volunteering with the youth center? You may check more than one.

\_\_\_\_Workshops \_\_\_\_\_Field trips \_\_\_\_Coach \_\_\_\_Moderator \_\_\_\_\_Panel Speaker \_\_\_\_\_Motivational Speaker \_\_\_\_\_Teacher \_\_\_\_\_Master/Mistress of Ceremonies (MC)\_\_\_\_Personal Trainer \_\_\_\_\_Fundraisers \_\_\_\_\_Health Care \_\_\_Computer Skills Instructor \_\_\_\_\_Job Trainer \_\_\_\_\_Entrepreneurship \_\_\_\_\_Vendor \_\_\_\_Child Care \_\_\_\_Nutritionist \_\_\_\_\_Cook \_\_\_\_Driver Other: (specify) \_\_\_\_\_\_

I have special interest or skills in the following area(s) that may be helpful to the center.

The best times to reach me at home a	ire		
The best times to reach me at work are			
I am interested in volunteering	hours per week to		
The best times of the week for me to	volunteer are		

## I am interested in volunteering with the youth center because:

## I have the following special concerns or will need the following accommodations:

## References:

Name	Email address	Phone #	Relationship
1.			
2.			
3.			
	S.E.T. USE	ONLY	
Group intervie	2W		

Date	P	lace					Time	
Individual interview								
Date	P	lace						
Area assigned toContact person								
С	0	Μ	Μ	Е	Ν	Т	S	