

Volunteer Application



Name: _____ Date: _____

Address: _____
Number and Street Apt# City Zip

Telephone: (Cell) _____ (Home) _____

Email Address: _____

What is the best way to reach you? _____

Date of Birth: _____ Are you a YouthHope client or alumni? Yes No

If yes, when was the last date that you accessed services? _____

How did you hear about YouthHope? _____

What do you hope to gain from your experience at YouthHope?

Volunteer Commitment

If you will be volunteering directly with the youth, a six-month commitment is required.

Please indicate the best day and time for you to volunteer:

	Monday	Tuesday	Wednesday	Thursday
Availability	AM/PM 9 - 2 2:30-6:30	AM/PM 9 - 4	AM/PM 9 - 2 2:30-6:30	AM/PM 9 - 2 2:30-6:30

Occupational Background

_____ From: _____ To: _____

_____ From: _____ To: _____

Please tell us about any interests, special skills, talents or passions that you would like to be able to share with YouthHope _____

Interest

Food Services

___ Fixing and Delivering Food ___ Picking up non-perishable food items ___ Serving Food

Stocking

__ Food Closet __ Clothing Closet

Health and Well Being

__ Sports and Games __ Bicycle Program __ Self Defense __ Art __ Writing
__ Tutoring __ Employment Education __ Music __ Computers __ Gardening

Building Youth Relationships

__ Spending time with youth at meals __ Spending time with youth outside of meals

Maintenance

__ Set-Up and Tear Down __ Clean-Up of Meal Sites

Administration

__ Office Work __ Special Events __ Fundraising

Emergency Information

Emergency Contact _____
Name Relationship Phone#

Do you have any physical or mental well-being considerations that we should be aware of in order to support your success at YouthHope? Yes No

If Yes, please explain: _____

References

Please list three references. Include two professional and one personal reference.

1. _____ Phone: _____

2. _____ Phone: _____

3. _____ Phone: _____

Have you ever been convicted of a misdemeanor or felony*? Yes No

If Yes, please explain: _____

The facts set forth above in my application are true and complete to the best of my knowledge. I hereby authorize you to make an investigation necessary to verify the information provided, and I consent to release this information to YouthHope. I understand that as a volunteer I am required to abide by all the rules and regulations of YouthHope.

Signature

_____ Date: _____

Volunteers are considered for placement without regard to sex, race, creed, religion, color, national origin, age disability, marital status, pregnancy, veteran status, sexual orientation, gender identity or citizenship status. YouthHope is an equal opportunity agency. *Applicants who indicate a misdemeanor or felony conviction will not be summarily rejected. Please mail applications to YouthHope, P.O. Box 7803, Redlands, CA 92375. You may also email the application to info@youthhope.org.