Volunteer Application

Name: _____ Date: _____

Address: _____
Number and Street *Apt#* *City* *Zip*

Telephone: (W) _____ (H) _____ e-mail: _____

Daytime Phone: _____ Nighttime Phone: _____

Email Address: _____ Cell Phone: _____

Would you like to be on YouthHope's Place mailing list? ☐ *Yes* ☐ *No*

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

How long are you planning on volunteering at YouthHope?

☐ Long Term ☐ Short Term ☐ Seasonal ☐ When available

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

	Monday	Tuesday	Wednesday	Thursday	Friday
Availability	AM/PM	AM/PM	AM/PM	AM/PM	AM/PM

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.