



VOLUNTEER APPLICATION

PERSONAL INFORMATION

First Name _____ Last Name _____ Date _____

Mailing Address _____

Phone _____ Email _____

Date of Birth _____ Partner/Spouse Name (Optional) _____

EMERGENCY CONTACT

First Name _____ Last Name _____

Phone _____ Email _____

Relationship _____

ABOUT YOU

How did you hear about Avenues for Homeless Youth? _____

Why would you like to volunteer at Avenues? _____

Tell us about your current and previous volunteer experience. _____

What is your primary language? _____

What other languages do you speak/read/write? _____

Employer _____ Occupation _____

Does your employer offer a donation-matching program for hours volunteered? Yes No



INTEREST AND AVAILABILITY

Please select all the areas you are interested in volunteering.

- | | |
|--|--|
| <input type="checkbox"/> Grounds Beautification | <input type="checkbox"/> Dinner Prep & Cleaning |
| <input type="checkbox"/> House Beautification | <input type="checkbox"/> Tutoring |
| <input type="checkbox"/> In Kind Donation Closet | <input type="checkbox"/> Drop In Center |
| <input type="checkbox"/> Administrative Projects | <input type="checkbox"/> Events / Donor Services |

Please write in the **times of day** you are available for a volunteer assignment.

| | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday | Sunday |
|-----------|--------|---------|-----------|----------|--------|----------|--------|
| Morning | | | | | | | |
| Afternoon | | | | | | | |
| Evening | | | | | | | |

How long are you able to commit to volunteering at Avenues? _____

AGREEMENT

- I certify that the information in this application is correct and complete. I know that any false information in the application can mean that I cannot be a part of the Volunteer Program.
- I understand the information given on this application will be kept confidential and will be used by Avenues for Homeless Youth only for internal purposes.
- I understand submission of this application does not mean Avenues for Homeless Youth must accept my application, and does not mean I must provide volunteer services to Avenues for Homeless Youth.
- I understand that volunteer participant can end at any time for any reason.

Signature _____ Date _____

Thank you for supporting Avenues!