



## VOLUNTEER APPLICATION

### PERSONAL INFORMATION

First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Date \_\_\_\_\_

Mailing Address \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Date of Birth \_\_\_\_\_ Partner/Spouse Name (Optional) \_\_\_\_\_

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### EMERGENCY CONTACT

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Relationship \_\_\_\_\_

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### 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.

- Grounds Beautification – yard and garden work
- House Beautification – deep cleaning
- Donor Services/Events
- Administrative Projects
- Tutoring
- Meal Prep/Cleaning
- Life Skills

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 \_\_\_\_\_