



YOUTH VOLUNTEER APPLICATION FORM

Name:

Address:

Postal Code: _____ Telephone: _____

School: _____ Grade: _____ Date of Birth: ____/____/____
mm dd yy

Interests, Hobbies, Previous Work Experience: (paid or unpaid):

Areas of work: (please list preference by first, second and third choice)

1. _____ 2. _____

3. _____

How much time each month would you like to volunteer: _____

(or _____ hours in total)

Preferred Day of Service: (please indicate first and second choice)

Monday Tuesday Wednesday Thursday Friday Saturday

Health Concerns:

Emergency Contact

Telephone Number

Relationship

Applicant's Signature

Date

Parent's Signature (giving consent)

Date