



Volunteer Application

PLEASE PRINT

Date	Date of Birth (MM/DD/YYYY) / /	
Name		
Address		
City	State	Zip —
Phone ()	E-mail	

Emergency Contact

Name/Relationship ,	Phone ()
------------------------	--------------

Education

Last grade completed or degree

Volunteer Experience

Organization	Supervisor name	Supervisor phone number
		() ext
		() ext
		() ext

Work Experience (attach resume if available)

Are you currently employed?	If yes, hours per week:
Yes <input type="checkbox"/> No <input type="checkbox"/>	Shift:

Work History

Employer Name & Address	Dates	Position/Duties

What types of **volunteer** work are meaningful to you?

Three empty rectangular boxes for listing meaningful volunteer work.

Areas of special training or expertise:

Three empty rectangular boxes for listing special training or expertise.

How often do you envision contributing as a volunteer (please check one)?

- Four checkboxes: Regularly, Occasionally, On-Call, One Time.

Groups or organizations with which you are affiliated:

Three empty rectangular boxes for listing affiliated groups or organizations.

References -- Please list three references we may contact. Do not include relatives:

Table with 3 columns: Name, Relationship, Address, Phone. Three rows for references.

Where did you learn about our volunteer opportunities?

One empty rectangular box for learning about opportunities.

Under state regulations, we are required to run a complete criminal background check. Please place your initials here representing your acceptance of this procedure:

Large empty rectangular box for initials, with '(Initials)' label at the bottom right.

Return form to:

Cheryl Schnelle
Friends of Youth
16225 NE 87th St, Suite A-6
Redmond, WA 98052-3536

425.869.6490, ext 309
Cheryl@friendsofyouth.org
www.friendsofyouth.org

For Office Use Only

Form for office use only with fields: Type of Volunteer, Event, Admin, Intern, Program, Other, Program, Position, Interview Date, Interviewer, Length of commitment, Start Date, Notes.