

Office Use Only:

PI#: \_\_\_\_\_

Program: \_\_\_\_\_

## NELA Youth and Family Coalition Volunteer Application

### Please print

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

Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_

Social Security # \_\_\_\_\_ Date of Birth \_\_\_\_\_ Email Address \_\_\_\_\_

Spouse's Name \_\_\_\_\_ Valid Driver's License \_\_\_\_\_

### Personal Information (please circle correct response):

Gender:        Male        Female

Physical Limitations:    No    Yes (Please Explain): \_\_\_\_\_

### Education (highest level completed)

Grades 1-5    6-9    11-12    College    Business    Graduate School Technical/Vocational

Current work/occupation \_\_\_\_\_ Past employer (optional) \_\_\_\_\_

List previous volunteer experience \_\_\_\_\_

Skills (List your skills and indicate proficiency level)    Skilled    Can Teach    Amateur

1 \_\_\_\_\_

2 \_\_\_\_\_

3 \_\_\_\_\_

First Aid or CPR .....Yes    .....No

Languages    Fluent    Read    Write

1 \_\_\_\_\_

2 \_\_\_\_\_

### Volunteer availability: (Circle all applicable)

Number of Days per week: 1 2 3 4 5

Monday    Tuesday    Wednesday    Thursday    Friday    No Preference

Transportation: (How you will get to your assignment)- Circle Applicable

Public Trans.    Walk    Bus/Van Taxi/Car Svc    Car

Prior criminal accusations and convictions: .... Yes .... No If yes date ..... Explain: .....

.....

.....

.....

### In an emergency, notify:

First Name ..... Last Name .....

Address .....

City/State/Zip ..... Telephone .....

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Reason you desire to volunteer: \_\_\_\_\_

Preferred area: \_\_\_\_\_

How did you hear about us: \_\_\_\_\_

**Personal References:**

1. Name: \_\_\_\_\_ Relation: \_\_\_\_\_ Years Known: \_\_\_\_\_

Telephone: \_\_\_\_\_ Address: \_\_\_\_\_ Email: \_\_\_\_\_

2. Name: \_\_\_\_\_ Relation: \_\_\_\_\_ Years Known: \_\_\_\_\_

Telephone: \_\_\_\_\_ Address: \_\_\_\_\_ Email: \_\_\_\_\_

3. Name: \_\_\_\_\_ Relation: \_\_\_\_\_ Years Known: \_\_\_\_\_

Telephone: \_\_\_\_\_ Address: \_\_\_\_\_ Email: \_\_\_\_\_

**Professional References:**

1. Name: \_\_\_\_\_ Relation: \_\_\_\_\_ Years Known: \_\_\_\_\_

Telephone: \_\_\_\_\_ Address: \_\_\_\_\_ Email: \_\_\_\_\_

2. Name: \_\_\_\_\_ Relation: \_\_\_\_\_ Years Known: \_\_\_\_\_

Telephone: \_\_\_\_\_ Address: \_\_\_\_\_ Email: \_\_\_\_\_

3. Name: \_\_\_\_\_ Relation: \_\_\_\_\_ Years Known: \_\_\_\_\_

Telephone: \_\_\_\_\_ Address: \_\_\_\_\_ Email: \_\_\_\_\_

**Disclaimer: Volunteers hereby agree to serve any client who is assigned regardless of race, sex, creed or national origin. All volunteers must have a background and reference check, an interview with the director of the program you are interested, and attend recommended training offered by NELA YFC. There will be a three and six week, and 3 month evaluation each term.**

\_\_\_\_\_  
**Signature/Volunteer**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Print Name**

\_\_\_\_\_  
**Signature/Program Director**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Print Name**

\_\_\_\_\_  
**Signature of Parental Guardian**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Print Name**