

## TEEN VOLUNTEER APPLICATION

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

Contact in Case of Emergency: \_\_\_\_\_  
Name Relationship Phone

Name of School: \_\_\_\_\_ Grade: \_\_\_\_\_

Year of Graduation: \_\_\_\_\_ Career Interest: \_\_\_\_\_

Volunteer Experience: \_\_\_\_\_  
\_\_\_\_\_

Interest, Skills, School Activities: \_\_\_\_\_  
\_\_\_\_\_

What days are you available to volunteer? Sun Mon Tues Wed Thurs Fri Sat

What times are you available to volunteer? Morning Afternoon Evening

I want to volunteer:  Summers only  Year round

Family Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Limitations Related to Health: \_\_\_\_\_

**References:** Please choose your references from among the following: teacher, minister, principal, employer, adult volunteer at this facility.

1. Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State

2. Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*Your signature indicates your approval of your child's participation in the teen volunteer program,  
and your acknowledgment that he or she is in good health.*