



VOLUNTEER APPLICATION

Date of Application: _____

First Name: _____ **Last Name:** _____ **Middle:** _____

Home Phone: _____ **Cell Phone:** _____

Email _____ **Best way to reach you is:** Home _____ Cell _____ Email _____

Home Address _____

Date of Birth (Month/Day/Year): _____

Any volunteer under age 18 must have permission of a legal guardian.

Guardian Signature: _____ **Date:** _____

In case of emergency, contact: Name: _____ Relationship _____

Daytime phone: _____ **Alternative phone:** _____

Doctor's Name: _____ **Clinic name and phone:** _____

References:

Please list two people who are not related to you who have known you for at least two years.

Reference 1: Name: _____ Phone: _____

Address: _____ Email: _____

Years known: _____ How Known _____

Reference 2: Name: _____ Phone: _____

Address: _____ Email: _____

Years known: _____ How known _____

The information I have included in this application is accurate and correct to the best of my knowledge. I hereby authorize Open Doors for Youth to contact my references and, if working directly with youth, to conduct a background check regarding criminal history, including juvenile history, arrests, criminal charges, or convictions. In consideration of the volunteer work for which I have applied, I understand that I am not entering into an employment relationship with Open Doors for Youth and that I am not entitled to receive a salary or any employee benefits, including worker's compensation. I understand that either Open Doors for Youth or I may terminate this volunteer relationship at any time.

Your signature indicates your approval for us to check references and conduct necessary background checks.

Applicant Signature: _____ **Date:** _____

Volunteer Application

Volunteer position interested in:

_____ Youth Assistant (weekly or every other week commitment encouraged)

_____ Driver (meal pick-up & drop-off at the center, possibly other opportunities as needed)

_____ Clothing Closet Host (this is usually an as needed position)

_____ Special Projects (assisting as needed with mailings or special events at the drop-in center)

How often would you like to volunteer? Weekly Every other week Monthly Other: _____

Health Status: Please indicate if you have medical concerns that you would like us to be aware of. _____

Past/current volunteer experience:

Interests, hobbies, professional skills or talents you would like to share with Open Doors for Youth:

Why are you interested in volunteering with Open Doors?

For Open Doors use:

Interview date _____

Conducted by _____

References Checked _____

Confidentially Agreement _____

Background Check Received _____

Notes: