



## VOLUNTEER APPLICATION FORM

Before being eligible to volunteer for an outing, the volunteer needs to participate in *at least 4 in-programs* and before being eligible to volunteer for camp, the volunteer needs to participate in *at least 8 in-programs* and *2 outings*.

Name	Date
Address	Email
Home Number	Work Number
Occupation	Place of Employment

How did you hear about West Broadway Youth Outreach? \_\_\_\_\_

\_\_\_\_\_

What do you know about our programs? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### **EDUCATION**

Grade completed or degree: \_\_\_\_\_

Other education or training: \_\_\_\_\_

\_\_\_\_\_

### **WORK / VOLUNTEER EXPERIENCE**

What do you do at work: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Through your work or volunteer efforts have you worked with children? Yes  No

Describe any previous volunteer experience: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### **SPECIAL SKILLS AND INTERESTS**

List any special skills, interests, or hobbies:

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Do you speak a second language? Yes  No  What language(s)? \_\_\_\_\_

**VOLUNTEER POSITION:**

What kind of volunteer position / work are you interested in? \_\_\_\_\_

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What are your reasons for wanting to volunteer specifically at WBYO? \_\_\_\_\_

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We require a minimum commitment of 4 months. Will that be a problem? Yes  No

**OTHER**

Do you have a driver's license? Yes  No  Access to a vehicle? Yes  No

Would you be willing to drive children, staff and/or volunteers on outings? Yes  No

Would you object to having us obtain a drivers abstract? Yes  No

Do you have CPR certification? Yes  No  Expires: \_\_\_\_\_ First Aid? Yes  No  Expires: \_\_\_\_\_

**REFERENCES:** (three character references, preferably relevant to position, not family)

Name	Years Known
Occupation	Place Of Employment
Telephone Number	Relationship

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**FOR OFFICE USE ONLY**

Interviewed By:

Date: