

VOLUNTEER APPLICATION

Youth Applicants

PERSONAL INFORMATION

Last Name _____ First Name _____ MI _____

Address _____

City _____ State _____ Zip Code _____

Phone Numbers (check preferred number):

Home (____) _____ Cell (____) _____

E-Mail Address _____ Birth Date ____/____/____

EMERGENCY INFORMATION

Name _____

Phone _____ Relation _____

SCHOOL INFORMATION

School _____

Address _____

City _____ State _____ Zip Code _____

Phone (____) _____ Grade (circle) 9 10 11 12

Please list any school or community organizations which you are affiliated with. Do you hold an office in any of these organizations? Please give a description of your duties. Please use supplemental space if necessary:

EMPLOYMENT/EXPERIENCE

Are you employed? Yes No

If yes, please complete the following: Position _____

Employer's Name _____

Address _____

City _____ State _____ Zip Code _____

Phone (____) _____ Supervisor _____

VOLUNTEER INFORMATION

Please list any past and present volunteer experience. Include contact name and phone number: _____

Which volunteer position(s) interest you? Please refer to the attached brochure.

- | | | |
|--|--|--|
| <input type="checkbox"/> Face Painter | <input type="checkbox"/> Create/Run Games for Events | <input type="checkbox"/> Organizer |
| <input type="checkbox"/> Facilitate Art Projects | <input type="checkbox"/> Gardening | <input type="checkbox"/> Poster Poster |
| <input type="checkbox"/> Field Trip Chaperone | <input type="checkbox"/> Office Assistant | <input type="checkbox"/> Edmarc Ambassador |
| <input type="checkbox"/> Tutor | <input type="checkbox"/> Special Events Assistant | <input type="checkbox"/> Holiday Assistant |
| <input type="checkbox"/> Sibling Child Care | <input type="checkbox"/> Spanish Translator | <input type="checkbox"/> Card Maker |
| <input type="checkbox"/> Peace Pal | | |

What are your expectations of volunteer service with Edmarc? What strengths are you able to bring to us?

What do you wish to gain from your volunteer experience with Edmarc? _____

Describe the perfect volunteer assignment for yourself. _____

How did you hear about Edmarc's volunteer program?

- | | | |
|---|----------------------------------|--|
| <input type="checkbox"/> Community presentation | <input type="checkbox"/> School | <input type="checkbox"/> Newspaper _____ |
| <input type="checkbox"/> Internet | <input type="checkbox"/> Church | <input type="checkbox"/> Volunteer Hampton Roads |
| <input type="checkbox"/> Word of mouth | <input type="checkbox"/> Library | <input type="checkbox"/> Other _____ |

What is your availability?

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
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Morning							
Afternoon							
Evening							

BACKGROUND INFORMATION

Have you ever been accused of any crime or investigated for a crime? Yes No If yes, please explain:

I certify that I have never been convicted of any barrier crime and do not at present have any charges of these crimes against me.

Signature _____ Date _____

REFERENCES

Please supply three references from among the following: family physician, teacher, minister, principal, employer, guidance counselor, adult Edmarc volunteer. At least one school reference is required. **Mailing address and phone numbers must be complete.**

Name _____

Address _____

City _____ State _____ Zip Code _____

Phone (_____) _____ E-Mail _____

Name _____

Address _____

City _____ State _____ Zip Code _____

Phone (_____) _____ E-Mail _____

Name _____

Address _____

City _____ State _____ Zip Code _____

Phone (_____) _____ E-Mail _____

Please use the following space for additional information/comments:

The undersigned acknowledges and agrees that he/she is not required, if called upon, to perform the volunteer service herein applied for and that Edmarc Hospice for Children is not required to assign or actively seek to assign him/her as a volunteer even after appropriate training. The undersigned also affirm under the penalties of perjury that all the information supplied to Edmarc Hospice for Children during the application process is true and accurate.

Signature _____ Date _____

Printed Name of Applicant _____

Any applicant under the age of 18 must have a parent or legal guardian complete the following section: I give my permission for _____ to serve as a volunteer at Edmarc Hospice for Children and I acknowledge he/she is in good health. Further, I give authorize Edmarc Hospice for Children to contact my son/daughter's references.

Printed Name of Parent/Guardian _____

Signature of Parent/Guardian _____ Date _____

OFFICE USE

Date Received _____/_____/_____

References Contacted _____/_____/_____

References Received _____/_____/_____

Training Class _____/_____/_____

Comments _____
