

Kingswood Youth Center

VOLUNTEER APPLICATION

Name: _____ E-mail: _____

Address: _____

Home Phone: _____ Cell: _____ Work: _____

Best time to reach you: _____

Days and hours available: _____

Emergency Contact: _____ Phone: _____

Do you have any allergies, physical limitations, or other health issues of which we should be aware, especially in an emergency? _____

Would you be willing to act as a chaperone at an evening event? _____ day event? _____

Are you interested in working in the office? _____ with the youth members? _____

How often would you like to volunteer?
____ 1X per week ____ 2X per week ____ 3X per week ____ Other _____

What days are you available: _____

Do you have special interests, talents, training, or other things you would like to share at KYC? _____

Other information that might be useful you wish to add? _____

Signature of Applicant: _____ Date: _____

FOR OFFICE USE

Application received: _____ Acknowledgement: _____ Volunteer Agreement: _____
Permission for Background Check: _____