



S.T.R.O.N.G. Youth, Inc.
 STRUGGLING TO REUNITE OUR NEW GENERATION

COMMUNITY SERVICE APPLICATION

Personal Information

Name	
Street Address	
City, State, Zip Code	
Home Phone	
Cell Phone	
Work Phone	
Email Address	
D.O.B.	___/___/___
How did you hear about S.T.R.O.N.G Youth, Inc.? <input type="checkbox"/> School <input type="checkbox"/> Media <input type="checkbox"/> Friend <input type="checkbox"/> Webpage <input type="checkbox"/> Other	Please Explain: _____ _____ _____ _____
Have you been convicted of a felony? _____ <input type="checkbox"/> Yes _____ <input type="checkbox"/> No	If yes, please explain:
Have you ever been registered as a sex offender? <input type="checkbox"/> Yes _____ <input type="checkbox"/> No	If yes, please explain:

Referral Agency or School Information (if applicable)

Name of Supervising Agency/School:	
Address:	
Name of Supervisor:	
Phone Number of Organization/Agency:	
E-mail of Organization/Agency Contact:	

Number of completed hours required: _____

Educational History (if applicable):

<u>School Name & Location</u>	<u># Of Years Completed</u>	<u>Year Graduated</u>	<u>Major/Degree</u>
High School			
College			
Graduate School			
Trade			

References

Name	Relationship	Phone Number

Availability

During which hours are you available for volunteer assignments?

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Morning							
Afternoon							
Evening							

Interests

Tell us in which areas you are interested in volunteering:

Clerical & Administrative: _____

Events & Outreach: _____

Field Work & Program Development: _____

Marketing, Fundraising & Grants: _____

Newsletter Production & Media: _____

IT, website development/maintenance and graphic design _____

Building maintenance & repair _____

Other: _____

Special Skills or Qualifications

Summarize special skills and qualifications you have acquired from employment, previous volunteer work, or through other activities, including hobbies or sports.

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Summarize your previous volunteer experience.

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Person to Notify in Case of Emergency

Name	
Street Address	
City, State, Zip Code	
Phone	
Relationship	

Agreement and Signature

By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if I am accepted as a volunteer, any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal.

Name (printed)	
Signature	
Date	

Our Policy

It is the policy of this organization to provide equal opportunities without regard to race, color, religion, national origin, gender, sexual preference, age, or disability.

Thank you for completing this application form and for your interest in volunteering with us.