



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

## ***VOLUNTEER/INTERN/COMMUNITY SERVICE- APPLICATION***

### **Personal Information**

<b>Personal Information</b>	
Name	
Street Address	
City ST 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.? (please circle) School, Media, Friend, Webpage Other (Please explain)	
Have you been convicted of a felony? Yes                      No	If yes, please explain:
Have you ever been registered as a sex offender? Yes                      No	If yes, please explain:
<b>Referral Agency or School Information (if applicable)</b>	
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)	
School Name & Location	# Of Years Completed	Year Graduated	Major/Degree
High School			
College			
Graduate School			
Trade			
References			
Name	Relationship	Phone Number	
Name	Relationship	Phone Number	
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: \_\_\_\_\_

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.

--

**Summarize your previous volunteer experience.**

--

**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.