

PERSONAL INFORMATION

Name (first/middle/last):	Date:
Street Address:	Home phone:
City/Town:	Postal Code:
School Currently Attending:	Current Age:
Grade Completed:	Date of Birth: (month/day/year)

PARENT AND/OR GUARDIAN CONTACT INFORMATION

Name:	Cell Phone:
Work phone:	Home phone:

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Are you currently a pai	rticipant in any of our ag	anav programa?
Ale you cullently a par	nicipant in any or our au	

No

Yes

SKILLS AND INTERESTS

Hobbies, interests, skills:	

I understand that I am not an employee of the Youth & Family Resource Network, and that any duties that I perform are as a volunteer. I agree to abide by all policies and procedures as a volunteer. I understand that it is my responsibility to update any address, emergency, or other changes to the information of this form.

The information collected is for the sole purpose of the application and screening process for the Y.F.R.N. and will not be shared with anyone outside of the Y.F.R.N. The information will be stored on an agency database.

Signature:	Date:

VOLUNTEER INFORMATION			
Which site would you like to volunteer at? (please circle all that apply)	Kingsville	Harrow	Cottam
What volunteer position(s) are you interested in?			
What prompted you to volunteer?			
How did you learn of our Volunteer opportunities?			
What do you hope to gain from this experience?			