



# Volunteer Application

**Thank you for your interest in applying to be a YouthZone volunteer**

We ask that you fill out the following information and return this form to:

- YouthZone, 803 School Street, Glenwood Springs, CO 81601 (970-945-9300)
- YouthZone, 136 E. 12<sup>th</sup> Street, Rifle, CO 81650 (970-625-3141)
- YouthZone, 520 S. 3<sup>rd</sup> Street, Suite 1A, Carbondale, CO 81623 (970-963-0618)

*All information will be kept confidential with our agency.*

Date \_\_\_\_\_

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Phone (cell) \_\_\_\_\_ (home) \_\_\_\_\_ (work) \_\_\_\_\_

Mailing Address \_\_\_\_\_

Physical Address \_\_\_\_\_

E-mail Address \_\_\_\_\_

School (if applicable) \_\_\_\_\_ Graduation yr. \_\_\_\_\_

How did you hear about YouthZone? \_\_\_\_\_

Is there someone we can thank for referring you to YouthZone as a volunteer? \_\_\_\_\_

Have you previously applied to be a YouthZone volunteer  yes  no

If yes, explain \_\_\_\_\_

Past experiences with children/youth \_\_\_\_\_

What do you hope to receive from your volunteer work at YouthZone \_\_\_\_\_

Area(s) of volunteer interest where you would like to be involved with YouthZone \_\_\_\_\_

Marital Status \_\_\_\_\_ Spouse's Name \_\_\_\_\_

Children	Name	Age
	_____	_____
	_____	_____

How long have you resided in the area \_\_\_\_\_ Do you have your own transportation? yes\_\_ no\_\_

Health  excellent  good  fair  poor

. Any physical limitations or special concerns \_\_\_\_\_

. Any medical conditions of which we should be aware \_\_\_\_\_

. Are you taking medication on a regular basis \_\_\_\_\_

Present Employer's Name and Address \_\_\_\_\_

Length of Employment \_\_\_\_\_ Job Duties \_\_\_\_\_

Do you have your own transportation  yes  no

Car license number \_\_\_\_\_

Do you have a valid drivers license  yes  no State \_\_\_\_\_ Number \_\_\_\_\_

License expiration date \_\_\_\_\_

Do you have current vehicle insurance as required by this state's law  yes  no

Insurance company vehicle insurance is with \_\_\_\_\_

Policy Number \_\_\_\_\_

Please describe your driving record and any driving offenses \_\_\_\_\_

Have you ever been arrested or convicted of a DUI  yes  no If yes, list the date(s) \_\_\_\_\_

Has your drivers license ever been revoked or suspended  yes  no If yes, please explain \_\_\_\_\_

Have you ever been involved in an accident harmful to others  yes  no

If yes, explain \_\_\_\_\_

If you do not have personal transportation, do you have access to transportation  yes  no

describe \_\_\_\_\_

Have you ever been involved, investigated, arrested and/or convicted of any assault  yes  no

describe \_\_\_\_\_

Have you ever been involved, investigated, arrested and/or convicted of a felony or any other offense  yes  no

Describe \_\_\_\_\_

Have you ever been involved, investigated, arrested and/or convicted of child abuse, neglect or sexual molestation of a minor  yes  no

Describe \_\_\_\_\_

# Volunteer Screening Agreement

**Please read each statement carefully.**

**Show your agreement to each statement by initialing next to the statement.**

\_\_\_\_\_ I voluntarily agree to provide YouthZone with any personal information they deem necessary for my participation as a YouthZone volunteer.

\_\_\_\_\_ I give YouthZone permission to examine my employment records, background of psychological counseling, criminal record, and child abuse registry record. I agree that this information may be used to determine my suitability for participation in any of the agency's programs.

\_\_\_\_\_ I understand that YouthZone staff will hold all information I disclose in strictest confidence.

\_\_\_\_\_ I understand that even though I have completed all eligibility requirements, including screening and training, that I am not obligated to participate as a volunteer in any YouthZone program.

\_\_\_\_\_ I understand that YouthZone is not obligated to utilize me as a volunteer in any of their programs or to match me with a child in the Pals program.

\_\_\_\_\_ I agree not to impose or otherwise inflict my religious, sexual or political preference onto any youth while serving as a YouthZone volunteer.

\_\_\_\_\_ I understand that YouthZone does not discriminate on the basis of race, religion, national origin, age, marital status, gender or sexual preference.

\_\_\_\_\_ I understand that YouthZone will maintain a confidential file on me. I further understand that as a YouthZone volunteer, I will hold in strictest confidence any personal information I acquire while working with youth/families, other volunteers, and/or YouthZone staff and board members.

\_\_\_\_\_  
Signature of Volunteer Applicant

\_\_\_\_\_  
Date

.....  
*Must also be signed for applicants under 18 years of age*

\_\_\_\_\_ I understand that as the parent or legal guardian of a youth who wishes to be involved as a YouthZone volunteer that I must give my written permission for this to occur. I further understand that at times it may be necessary for YouthZone to disclose information about me to the parent or legal guardian of a youth who is being considered for a Pals match with my son/daughter. I agree to allow such disclosure of information as YouthZone deems necessary.

\_\_\_\_\_  
Signature of Parent/Legal Guardian

\_\_\_\_\_  
Date

*(required for applicants under 18 years of age)*

**References:** please list 3 personal references we may contact (one present or past employer or teacher, one adult friend you have known for at least two years or more, and one relative). If you have recently been or currently are in counseling or therapy/treatment, please list the name of your therapist as an additional reference. **It is important that you provide the address for each reference listed.**

1.

Name \_\_\_\_\_

Mailing Address \_\_\_\_\_  
Street City State Zip

Phone \_\_\_\_\_ E-mail Address \_\_\_\_\_

Relationship \_\_\_\_\_

2.

Name \_\_\_\_\_

Mailing Address \_\_\_\_\_  
Street City State Zip

Phone \_\_\_\_\_ E-mail Address \_\_\_\_\_

Relationship \_\_\_\_\_

3.

Name \_\_\_\_\_

Mailing Address \_\_\_\_\_  
Street City State Zip

Phone \_\_\_\_\_ E-mail Address \_\_\_\_\_

Relationship \_\_\_\_\_

4.

Name \_\_\_\_\_

Mailing Address \_\_\_\_\_  
Street City State Zip

Phone \_\_\_\_\_

Relationship \_\_\_\_\_ E-mail Address \_\_\_\_\_