



Volunteer Application

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

For our record, we ask that you fill out the following information and return this form to:
YouthZone, 803 School Street, Glenwood Springs, CO 81601
All information will be kept confidential with our agency.

Date: _____

Name: _____ Phone (home) _____ (work) _____

Mailing Address: _____ City _____ State _____ Zip _____

E mail Address: _____

Date of Birth: _____

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, please 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? _____

Health: ___ excellent ___ good ___ poor

Any physical limitations or special concerns? _____

Any medical conditions of which we should be aware of? _____

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 driver's 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 is insured 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Has your driver's license ever been revoked or suspended?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

Describe: _____

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

If yes, explain: _____

Have you ever been involved, investigated, arrested and/or convicted of a felony or any other offense? Yes No

If yes, explain: _____

Have you ever been involved, investigated, arrested and/or convicted of child abuse, neglect or sexual molestation of a Minor? Yes No

If yes, explain: _____