

# YouthBASE Volunteer Application (2016-17)

## Contact Information

Name	
Street Address	
City ST ZIP Code	
Phone	
E-Mail Address	
Date of Birth	

**Availability:** During which hours are you available for volunteer assignments?

Weekday mornings	Café de Madres childcare volunteer	9-11am	(tbd)
Weekday afternoons	Afterschool volunteer	3:30-5pm	
Weekday evenings	Family Night volunteer	5-7pm	(every other month, tbd)

**Interests:** Tell us in which areas you are interested in volunteering.

Administration (grant writing, newsletter)

Program (afterschool, parent engagement, parent café)

Board/Committee membership (fundraising, program, admin/finance, marketing, events)

## Person to Notify in Case of Emergency

Name	
Street Address	
City ST ZIP Code	
Home Phone	
Work Phone	
E-Mail Address	

## 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 volunteer, any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal. I acknowledge that I must attend orientation and a background check will be submitted by YouthBASE before I can volunteer.

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.