



Volunteer Coordinator Use Only

Date Started: _____

Volunteer Position: _____

YOUTH VOLUNTEER APPLICATION
(Junior High and High School)

Date: _____

Name: _____
(First) (Last)

Street Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Cell Phone: _____

Email address: _____

Birthday: _____ Ethnicity (Some funders require us to provide this info.): _____

Name of Parent/ Guardian(s): _____

Cell Phone: _____ Home Phone: _____

Person(s) to contact in case of emergency

• Name: _____ Relationship to you: _____
Phone: _____ Alt. Phone: _____

• Name: _____ Relationship to you: _____
Phone: _____ Alt. Phone: _____

General Information

School Name: _____ Current Grade: _____

High School graduation year: _____ Career Interest: _____

- How did you become interested in volunteering at SAVE? _____

- Describe any previous volunteer experience: _____

- Have you volunteered at SAVE before? _____
- Have you taken the 40-hour Domestic Violence Counselor training? _____ Date: _____
- Indicate skills/ special interests/ foreign or sign language skills: _____

6. Which volunteer position/ areas are you interested in? (Please check all that apply.)

- Helping around the office in general administrative duties Technical Assistance
 Bookkeeping, financial Doing grant research Fundraising & Events

7. How long do you plan to volunteer? (Check one)

- Less than 1 month 2-6 months 7-12 months More than a year

8. How many hours will you volunteer per week? _____

9. Please write the times you are available on each day:

Monday _____ Tuesday _____ Wednesday _____

Thursday _____ Friday _____

10. Can you commit to a set schedule every week? Yes No

Date available to start: _____

11. Is it necessary for you to limit your physical activity in any way or do you need additional accommodations?

12. Have you been convicted of a criminal offense in the last 7 years? Yes No

If yes, list the number and kinds of convictions. A conviction will not necessarily disqualify an applicant from volunteering.

References

Choose references from the following: Teacher, Faith Leader, Principal, Employer, Adult friend, or Volunteer at SAVE.

Name: _____ Phone Number: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Relationship to you: _____

Name: _____ Phone Number: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Relationship to you: _____

THE ABOVE INFORMATION IS ACCURATE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

- STUDENT: YOUR SIGNATURE INDICATES YOUR APPROVAL FOR US TO CHECK REFERENCES.
- SAVE is not obligated to provide you a volunteer position, nor are you obligated to accept the position offered.

Student Signature: _____

Date: _____

Parent/ Guardian must read and complete the following section:

- Student has parent's permission to ride with staff in the SAVE van for supply shopping and errands. Yes _____ No _____ (Parent/ Guardian, please initial)

Parent/ Guardian Initial: _____

- *I understand that my child named above wishes to be considered for volunteer work and I hereby give my permission for them to serve in that capacity, if accepted by the agency. I understand that they will be provided with orientation and training necessary for the safe and responsible performances of their duties and that they will be expected to meet all the requirements of the position, including regular attendance and adhere to agency policies and procedures. I understand that SAVE is not responsible for my child if he/ she leaves the premises outside scope of duty (i.e. lunch, breaks, leaving early). I am aware that they will not receive monetary compensation for their services contributed.*

Parent/ Guardian Initial: _____

- *I understand the emotional awareness that my child may be exposed to due to the nature of the agency of SAVE. I understand that my child may be exposed to emotional and/ or physical evidence of abuse.*

Parent Signature: _____

Date: _____

Parents: Your signature indicates your agreement with application answers, child's participation in our volunteer program, and your consent for us to contact your child's references.

OPPORTUNITIES FOR VOLUNTEERS ARE PROVIDED WITHOUT REGARD TO RACE, NATIONAL ORIGIN, RELIGION, AGE, OR GENDER.

Please mail/ fax/ bring the completed application to:
1900 Mowry Avenue, Suite 204 Fremont, CA 94538
Fax Number: (510) 574-2252

Updated: 1/28/10