



Volunteer Application Form

Contact Information

Name: ----- Phone: -----

Address: ----- City, State: -----

Date of birth (optional): ----- ID or Valid Driver's License: -----

Education/Work Experience

Highest Level of Education: -----

Current Status/Employment: -----

References and contact (if any): ----- Phone : -----

What skills can you contribute to MYS: -----

Availability

Monday Tuesday Wednesday Thursday Friday

What time of day are you available? _____

Volunteer position Information

- | | | | | |
|---|---------------------------------------|-----------------------------------|---------------------------------|-------------------------------|
| <input type="radio"/> After school Soccer | <input type="radio"/> Dance program | <input type="radio"/> Art & craft | <input type="radio"/> Sewing | <input type="radio"/> Drop-in |
| <input type="radio"/> Computer class | <input type="radio"/> English class | <input type="radio"/> Homework | <input type="radio"/> Cane-ball | <input type="radio"/> Music |
| <input type="radio"/> Make-up and Beauty | <input type="radio"/> Holiday program | <input type="radio"/> Others | | |

Emergency Contact Information

Emergency contact Name -----

Phone contact: -----

*****All applicants MUST have current Working With Vulnerable People check*****

By signing below you agreed that all information you have provided in this application are true to the best of your knowledge

Signature: ----- Date: -----