



Application for Teen Volunteers (Ages 16-18)

Today's Date: _____

Thank you for your interest in becoming a Teen Volunteer. Please return your application, signed by you and your parent or guardian, along with a letter of recommendation to Time Out, Inc.

PERSONAL INFORMATION

First _____ Middle _____ Last _____

Parent or Guardian

Name(s) _____

Address _____ Email _____

City _____ State _____ Zip _____

Phone _____ Secondary Phone _____

Date of Birth _____ Social Security Number _____

EMERGENCY INFORMATION

Emergency Contact Name _____ Phone _____

Relationship to you _____

QUESTIONNAIRE

Do you have any physical conditions which may limit your activities/abilities to perform any of the various volunteer jobs? No YES If yes, please explain _____

What are your special interests or hobbies? _____

How long can you commit to volunteering? Occasionally 3-6 months
 6 months or more

What days are you available? Tuesdays Wednesdays Thursdays Fridays
Saturdays

What times are you available? Mornings Afternoons

Do you prefer to work (check all that apply) With people With things No preference

Special skills you would like to use while volunteering:

Date you can begin service:

EDUCATION/COMMUNITY INVOLVEMENT/WORK EXPERIENCE

School _____ Grade _____

Courses currently taking, school activities, clubs, honors, community affiliations, etc.

Are you seeking volunteer work as a requirement for any of the above activities or groups? If yes,

Please explain _____

Do you have plans to continue your education after high school? If yes, what course of study do you want to pursue? _____

Have you ever volunteered in the past? If yes, please explain

Do you have any friends, relatives or acquaintances employed by or volunteering at Time Out, Inc?

If yes, please list name and relationship _____

Briefly explain why you want to join our Teen Volunteer Program

PARENT/GUARDIAN SIGNATURE

I hereby permit my son/daughter/charge _____ to participate in the Time Out Teen Volunteer Program. I release Time Out, Inc., from any legal or other responsibilities for any injuries, act, or incidents involving the volunteer.

Parent/Guardian Signature _____ Date _____

Phone Number _____

TEEN VOLUNTEER APPLICANT SIGNATURE

I hereby submit my application and letter of reference for the Time Out Teen Volunteer Program. I agree to abide by the policies and procedures for Time Out, Inc., volunteers.

Teen Signature

Date

Phone Number