



CROSSWINDS YOUTH SERVICES, INC.

VOLUNTEER APPLICATION

DATE _____

NAME _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

PHONE _____ E-MAIL _____

EMERGENCY CONTACT _____ PHONE # _____

RELATIONSHIP _____

HIGH SCHOOL DIPLOMA OR GED YES NO

ADDITIONAL SCHOOLING OR LICENSING _____

CURRENT EMPLOYMENT _____ HOW LONG? _____

ADDRESS _____ PHONE _____

DO YOU HAVE TRANSPORTATION? YES NO

DO YOU HAVE A VALID DRIVER'S LICENSE? YES NO

LICENSE NUMBER _____

DO YOU HAVE CURRENT AUTOMOBILE INSURANCE COVERAGE? YES NO

INSURANCE COMPANY _____

IS THERE ANY TIME OR DAY(S) WHEN YOU ARE NOT AVAILABLE _____

HAVE YOU DONE VOLUNTEER WORK BEFORE? YES NO

IF SO, WHERE? AND RESPONSIBILITIES:

INDICATE BELOW THE AREAS IN WHICH YOU WOULD BE WILLING TO ASSIST AS A VOLUNTEER:

CLERICAL

TUTORING

SPECIAL PROJECTS

ARTS & CRAFTS

FACILITY MAINT.

GREAT BREVARD DUCK RACE

WORK AND/OR VOLUNTEER REFERENCES:

1. _____
NAME _____
ADDRESS _____ CITY _____ STATE _____ ZIP _____
WORK PERFORMED _____ DATES WORKED _____
SUPERVISOR'S NAME _____ PHONE NUMBER _____

2. _____
NAME _____
ADDRESS _____ CITY _____ STATE _____ ZIP _____
WORK PERFORMED _____ DATES WORKED _____
SUPERVISOR'S NAME _____ PHONE NUMBER _____

PERSONAL REFERENCE (NOT RELATIVES)

1. NAME _____ ADDRESS _____
OCCUPATION _____ CITY _____ STATE _____ ZIP _____
PHONE NUMBER _____

2. NAME _____ ADDRESS _____
OCCUPATION _____ CITY _____ STATE _____ ZIP _____
PHONE NUMBER _____

BRIEFLY STATE WHY YOU WOULD LIKE TO BE A VOLUNTEER: _____

SIGNATURE: _____

DATE: _____