



**CITY OF TEMPE
YOUTH VOLUNTEER PROGRAM APPLICATION**

NAME: _____ DATE: _____

ADDRESS: _____ CITY _____ ZIP _____

BIRTHDATE: _____ Male / Female (circle one) GRADE: _____

EMAIL ADDRESS: _____ PHONE: _____

PARENT'S EMAIL: _____ PHONE: _____

PARTICIPATED WITH US BEFORE? _____ WHERE/WHICH PROGRAM: _____

SCHOOL YOU ATTEND: _____ T-Shirt Size _____

SPECIAL SKILLS OR INTERESTS: _____

OTHER VOLUNTEER OR WORK EXPERIENCE: _____

PLEASE WRITE IN THE TIMES YOU ARE AVAILABLE TO WORK

	Mon	Tue	Wed	Thu	Fri	Sat	Sun
Morning							
Afternoon							
Evening							

Please list the type of volunteer service that would be of interest to you: _____

Are there any medical, physical or emotional circumstances that might limit or influence your volunteer service (please be specific and honest): _____

Please list one of your teachers/program advisors as a reference:

Name: _____ Phone: _____

-CONTINUED ON BACK-

IN CASE OF EMERGENCY, PLEASE NOTIFY THIS PERSON:

Parent/Guardian Name: _____ Daytime Phone: _____

Alternate Contact: _____ Daytime Phone: _____

List any medical limitations we should be aware of (please be specific and honest) _____

MEDICAL AUTHORIZATION:

I authorize the City of Tempe to obtain emergency transportation and any medical treatment necessary for my son or daughter in the event of injury or illness. I understand and agree to the above terms and agree to allow my son or daughter to participate in the City of Tempe volunteer program.

Parent or Guardian Name Date

Parent or Guardian's Signature Date

Youth Volunteer's Signature Date

For staff use only:

Assignment: _____ Site: _____ Supervisor: _____

Schedule: _____ Acknowledgement: _____ Computer: _____