



APPLICATION DATE: \_\_\_\_\_  
 Date Form Entered: \_\_\_\_\_  
 Member ID: \_\_\_\_\_  
 \_\_\_ Over 18  
 \_\_\_ Under 18 Verification Date: \_\_\_\_\_  
**\*Office use only\***

## VOLUNTEER APPLICATION

326 Chandler Street · Worcester, MA 01602  
 Phone: 508-791-4702 · Fax: 508-791-3613

*Please complete this application so that we can discover more about you, your interests, your skills, and your intentions in volunteering with us.*

Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_\_

Work Phone: (\_\_\_\_) \_\_\_\_\_ E-mail: \_\_\_\_\_

1.) Emergency Contact Name: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

2.) Emergency Contact Name: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

How did you hear about us? \_\_\_\_\_

Have you ever volunteered for another youth organization? Yes \_\_\_ No \_\_\_ If yes, which one & in what capacity?  
 \_\_\_\_\_

Are you volunteering to fulfill a community service or educational commitment? Yes \_\_\_ No \_\_\_

Do you have previous experience working with youth? Yes \_\_\_ No \_\_\_ Please explain \_\_\_\_\_  
 \_\_\_\_\_

What skills, training, or knowledge do you have that will assist in volunteering? \_\_\_\_\_  
 \_\_\_\_\_

Are you proficient in another language? If yes, what language(s):

\_\_\_\_\_  Spoken  Written \_\_\_\_\_  Spoken  Written

### What are your areas of interest:

- |  |  |  |  |
|--|--|--|--|
| <input type="checkbox"/> Administrative                      | <input type="checkbox"/> Arts & Craft                          | <input type="checkbox"/> Classroom Help    | <input type="checkbox"/> Clerical/Data Entry |
| <input type="checkbox"/> Computers                           | <input type="checkbox"/> Education                             | <input type="checkbox"/> Fundraising       | <input type="checkbox"/> Grant Writing       |
| <input type="checkbox"/> Health/Wellness                     | <input type="checkbox"/> Leadership/Arts                       | <input type="checkbox"/> Mentoring         | <input type="checkbox"/> Newsletter          |
| <input type="checkbox"/> Officials                           | <input type="checkbox"/> Photography                           | <input type="checkbox"/> Recreation/Sports | <input type="checkbox"/> Work Readiness      |
| <input type="checkbox"/> Tutoring (all subjects, all grades) | <input type="checkbox"/> Performing Arts (Dance, Drama, Music) |  |  |

Other Interests: \_\_\_\_\_

## Parental Permission (If under 18 years of age)

This form is required for any person under the age of 18 in order to be considered as a volunteer with Worcester Youth Center.

I, \_\_\_\_\_ agree to allow \_\_\_\_\_ to participate in the  
*Name of Parent or Guardian* *Print Name of Minor*

Worcester Youth Center Volunteer Program. I have read and understood all the volunteer information provided. I will be responsible for the transportation of my teen to and from volunteer jobs and events.

\_\_\_\_\_  
*Signature of Parent or Guardian*

\_\_\_\_\_  
*Date*

## Medical Emergency Treatment Consent Form

I hereby give Worcester Youth Center permission to administer basic first aid and/or CPR to \_\_\_\_\_ and/or  
*(Members Name)*  
take to a hospital for medical treatment when an emergency contact cannot be reached or when delay would be dangerous to my health.

\_\_\_\_\_  
*(Parent/Guardian Signature, sign for self if over 18)*

\_\_\_\_\_  
*Date*

## Insurance Information (Optional)

Company Name: \_\_\_\_\_

Policy#: \_\_\_\_\_

Participating Hospital: \_\_\_\_\_

## Photo/ Video Permissions Form

I, \_\_\_\_\_ give the Worcester Youth Center permission to video tape and/or photographic  
*(Volunteer's Name)*

images for promotion purposes.

\_\_\_\_\_  
*Signature of Guardian, sign for self in over 18*

\_\_\_\_\_  
*Date*

