



You Can Live Outreach VOLUNTEER APPLICATION FORM

Name _____

Phone Number: _____ Date of Birth _____

Home Address: _____

City, State, Zip _____

Employed By (If Employed) _____

Phone Number: _____

Address _____ City _____ State _____

May you be called at work? Yes No

Brief description of work:

Formal Education (highest year of school completed):

Do you speak a foreign language? Yes No If yes, which language _____

Do you drive? Yes No Do you have regular access to a car? Yes No

Current community activities:

List current and previous volunteer work (list all previous volunteer work including brief description of duties and activities, dates of service.):

What are your reasons for wanting to participate at You Can Live Outreach as a volunteer? _____

Have you had any personal experience(s) involving?

Counseling Role playing Public Speaking Event Planner

Special Talent Fundraising (dance, sing, etc.) other experience not mentioned.

If so, please explain:

How did you learn of our program:

Have you ever been convicted of a crime other than a traffic violation? Yes No

If yes, what charge? _____ Date convicted: _____

Where: _____

Do you consent to a routine check of your criminal records? Yes No

Please list three references of people who know you well, other than relatives, preferably for whom you have worked in either a paid or volunteer capacity. If you are currently working, either paid or as a volunteer, please include the name of your supervisor.

Name Address Zip Code Phone Relationship

1.

2.

3.

How long have you lived in the area? _____

You Can Live Outreach reserves the right to make any checks deemed appropriate as to the suitability of anyone responsible for this confidential work. All information obtained will be held in the strictest confidence.

Applicant

Signature

Date

Parent/Guardian

Signature

Date

You Can Live Outreach



PART TWO APPLICATION

Please answer the following questions in **paragraph form** on a separate piece of paper if needed.

1. Write a short summary about your interest in volunteering and how you hope to benefit from the volunteer experience_____

2. Briefly explain your knowledge about You Can Live Outreach non-profit organization.

PLEASE RETURN YOUR COMPLETED APPLICATION:

MAIL TO:

You Can Live Outreach (305) 824-7188

P.O. BOX 344056

Homestead, Florida 33034

EMAIL TO: info@YouCanLiveOutreach.org.