



Volunteer Center of Morgan County

"The Heart of the Community"

708 6th Avenue SE
Decatur, Alabama 35601
(256) 355-8628; Fax (256) 355-8726; www.vcomc.org

Youth Application

Last Name First Name Middle Male Female (Circle One)

Home Address City State Zip Home Phone Other Phone

Age Birth Date Email Address

School Name Grade What school will you attend next year?

How did you hear about us? _____

Why do you want to volunteer? _____

Hobbies, skills, special awards, and club memberships: _____

Describe previous volunteer experiences: _____

Check the types of work you are interested in:

- | | | |
|---|--|---|
| <input type="checkbox"/> Activities with Children | <input type="checkbox"/> Office/Clerical | <input type="checkbox"/> Hospital/Health Care |
| <input type="checkbox"/> Elderly/Disabled | <input type="checkbox"/> Miscellaneous | <input type="checkbox"/> Other |

Is there any weekday you can never volunteer? _____

Approximately how many hours per week can you volunteer? _____

If you are applying for summer work, how long will you be out of town on vacation? _____

Would you be interested in short-term or one-time volunteer projects year round? _____

Mother's Name

Mother's Place of Employment

Work Phone

Father's Name

Father's Place of Employment

Work Phone

Emergency Contact

Relationship

Phone

I HEREBY GIVE CONSENT FOR MY CHILD TO BE INTERVIEWED FOR REFERRAL TO A VOLUNTEER JOB ASSIGNMENT:

Signature of parent or guardian

Date

Youth: Would you like to volunteer at more than one agency? _____

PLEASE INDICATE (BY # OF JOB) 1ST, 2ND, & 3RD CHOICE OF JOB.
REFER TO ACCOMPANYING BROCHURE.

1st Choice

2nd Choice

3rd Choice

For office use only

Interviewer's Comments:

Interviewer's Initials _____

Date _____

Office Use Only

1) _____

2) _____

3) _____