



DEPARTMENT OF COMMUNITY & CULTURAL AFFAIRS DIVISION OF YOUTH SERVICES

Chalan Piao Area, P.O. Box 501000 C.K., Saipan, MP 96950



WHAT DOES VOLUNTEERING MEAN?

- The principle of donating one's time and energy for the benefit of other people in the community as a social responsibility rather than for any financial reward.

VOLUNTEER REQUIREMENTS (Check List):

- A scheduled volunteer program orientation is required after submitting all necessary program documents listed below. The volunteer staff will notify participant of date, time and venue of orientation.
 1. Complete Application []
 2. Confidentiality Agreement & Waiver of Liability Form []
* Parental consent if program participant is under 18 years old []
 3. Police Clearance (18 years and older) []
 4. Copy of valid Identification Card []
 5. References (2) []

PROGRAM EXPECTATIONS

1. Adhere to the Division's policies and procedures
2. Be punctual and reliable
3. Carry out duties assigned by immediate supervisor
4. Give notice in the event volunteer schedule needs to be amended or volunteer needs to leave the program
5. Report any violations, hazards or injuries to your immediate supervisor
6. Use proper attire at all times
7. Support other team members and seek assistance when needed
8. DYS will remain zero tolerance for the following:
 - a. Intoxication through alcohol or other prohibited substances
 - b. Verbal or physical harassment of others in the workplace or volunteer placement
 - c. Theft or intentional damage of government or other's property
 - d. Falsification of any information

DCCA- DYS reserves the right to discharge any program participant for failure to meet program expectations or for other disciplinary issues/concerns.

Signature of Volunteer

Date

Parent Signature (If under 18yrs old)

Date

c/c : Volunteer File

DEPARTMENT OF COMMUNITY & CULTURAL AFFAIRS

DIVISION OF YOUTH SERVICES

FAMILY & YOUTH ENHANCEMENT PROGRAM

Volunteer Application Form



LAST NAME		FIRST NAME		M. INITIALS		IN CASE OF EMERGENCY CONTACT				Ethnicity:									
RESIDENCE:		CONTACT NUMBER(S)		SEX:		CITY:		E-MAIL ADDRESS:		DATE OF BIRTH:		Tel:		Citizenship: [] CNMI [] OTHER					
Home:		Office:		PRESENT EMPLOYER (STUDENTS-INDICATE NAME OF SCHOOL)		STATE:		AGE GROUP		ZIP:		[] 14-17 yrs.		[] 18-49 yrs.					
OCCUPATION:		EDUCATION:		WHY ARE YOU INTERESTED IN VOLUNTEERING FOR DYS?		HOW DID YOU LEARN ABOUT THE DYS VOLUNTEER PROGRAM?		WORK AND/OR VOLUNTEER EXPERIENCE:		HOBBIES, SKILLS, INTERESTS, AND LANGUAGES SPOKEN?		ADDITIONAL INFORMATION YOU WOULD LIKE US TO KNOW?		VOLUNTEER SERVICE:					
WEEKLY SCHEDULE		DAY OF WK		MONDAY		TUESDAY		WEDNESDAY		THURSDAY		FRIDAY		SATURDAY		SUNDAY		CONDITIONS:	
A.M.		P.M.		Reference #1		Reference #2		NAME:		RELATIONSHIP:		NAME:		RELATIONSHIP:		For Volunteer Hours ONLY.			
CONTACT NUMBER:		NAME:		RELATIONSHIP:		CONTACT NUMBER:		NAME:		RELATIONSHIP:		CONTACT NUMBER:		DATE:		SIGNATURE:			

