

DEPARTMENT OF COMMUNITY & CULTURAL AFFAIRS

DIVISION OF YOUTH SERVICES

VOLUNTEER PROGRAM

Application Form



LAST NAME			FIRST NAME			M. INITIALS			IN CASE OF EMERGENCY CONTACT			Ethnicity:		
									Name:			Tel:		
												Citizenship: <input type="checkbox"/> CNMI <input type="checkbox"/> OTHER _____		
RESIDENCE:						CITY:			STATE:			ZIP:		
Home:			CONTACT NUMBER(S)			DATE OF BIRTH:			AGE GROUP					
			Office:						<input type="checkbox"/> 12-15 yrs.			<input type="checkbox"/> 16-25 yrs.		
									<input type="checkbox"/> 26-49 yrs.					
OCCUPATION:						PRESENT EMPLOYER (STUDENTS-INDICATE NAME OF SCHOOL)								
EDUCATION:														
WHY ARE YOU INTERESTED IN VOLUNTEERING FOR DYS?														
HOW DID YOU LEARN ABOUT THE DYS VOLUNTEER PROGRAM? <input type="checkbox"/> Media <input type="checkbox"/> Walk-in <input type="checkbox"/> Poster Ads <input type="checkbox"/> Through the Grapevine <input type="checkbox"/> Other														
WORK AND/OR VOLUNTEER EXPERIENCE:														
HOBBIES, SKILLS, INTERESTS, AND LANGUAGES SPOKEN?														
ADDITIONAL INFORMATION YOU WOULD LIKE US TO KNOW?														
VOLUNTEER SERVICE: <input type="checkbox"/> Administrative <input type="checkbox"/> JPEP Classes & Children's Program <input type="checkbox"/> Outreach Events <input type="checkbox"/> Youth Prevention Programs <input type="checkbox"/> Other _____														
Your Availability	DAY OF WK	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY						
	A.M.													
	P.M.													
Reference #1							Reference #2							
NAME:				RELATIONSHIP:				NAME:				RELATIONSHIP:		
CONTACT NUMBER:						CONTACT NUMBER:								
A scheduled volunteer program orientation is required after submitting all program documents: police clearance, complete volunteer application, signed confidentiality & waiver of liability forms and must submit signed parent consent form if under 18 years of age. (Must also give permission to the DYS Volunteer Program to conduct the following screening procedures as required: Random Drug test, Reference and Criminal Background check).												SIGNATURE:		
												DATE:		