

# PONTIAC YOUTH ASSISTANCE VOLUNTEER APPLICATION

**PLEASE PRINT CLEARLY**

DATE: \_\_\_\_\_

NAME (MR./MRS./MS./DR.): \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY/ STATE/ZIP: \_\_\_\_\_

OCCUPATION: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

NAME OF EMPLOYER: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ BUSINESS PHONE: \_\_\_\_\_

**EDUCATION:**

HIGH SCHOOL: \_\_\_\_\_ LAST GRADE COMPLETED: \_\_\_\_\_

COLLEGE: \_\_\_\_\_ MAJOR: \_\_\_\_\_ DEGREE: \_\_\_\_\_

COLLEGE: \_\_\_\_\_ MAJOR: \_\_\_\_\_ DEGREE: \_\_\_\_\_

**EXPERIENCE:**

HAVE YOU EVER VOLUNTEERED? IF YES, EXPLAIN: \_\_\_\_\_

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PLEASE LIST ANY CLUBS, ORGANIZATIONS, OR GROUPS YOU BELONG TO:

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PLEASE LIST YOUR INTERSTS, HOBBIES, AND SKILLS: \_\_\_\_\_

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# PONTIAC YOUTH ASSISTANCE VOLUNTEER APPLICATION

WHY DO YOU WANT TO BE PONTIAC YOUTH ASSISTANCE VOLUNTEER?

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PLEASE INDICATE AVAILABLE DAY AND TIMES? DAYS, AFTERNOONS, EVENINGS

HOURS PER WEEK, MONTH, ETC. \_\_\_\_\_ MON TUE WED THUR FRI

WEEKENDS

## INTERESTS

CHECK PROGRAMS OF INTEREST:

\_\_\_\_ FAMILY EDUCATION

\_\_\_\_ COMMUNITY COORDINATION

\_\_\_\_ FUND RAISING

\_\_\_\_ YOUTH RECOGNITION

\_\_\_\_ MENTORS PLUS

\_\_\_\_ COMP/SKILL BUILDING PROGRAMS

CHECK TASKS OR DUTIES OF INTEREST:

\_\_\_\_ ORGANIZE COMMUNITY SERVICE PROJECTS

\_\_\_\_ PLANNING & SUPERVISING YOUTH ACTIVITIES

\_\_\_\_ GATHER INFORMATION ABOUT YOUTH & FAMILY SERVICE PROGRAMS

\_\_\_\_ SCREEN & SELECT CANDIDATES FOR PROGRAMS

\_\_\_\_ YOUTH COMPANION/ROLE MODEL

\_\_\_\_ PLAN AND SUPERVISE BUDGET

\_\_\_\_ ATTEND MEETINGS

\_\_\_\_ ARRANGE BANQUETS & SPECIAL GATHERINGS AND DINNERS

\_\_\_\_ PLAN & CONDUCT FUND DEVELOPMENT

\_\_\_\_ ADVERTISING/WRITING/VIDEO PRODUCTION

\_\_\_\_ GENERAL VOLUNTEERISM

DO YOU HAVE ANY SPECIAL NEEDS OR ACCESSIBILITY NEEDS? IF YES PLEASE EXPLAIN:

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SIGNATURE

DATE

PONTIAC YOUTH ASSISTANCE  
VOLUNTEER APPLICATION

VOLUNTEER INTEREST SURVEY

PLEASE UPDATE YOUR CURRENT INFORMATION:

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_

\_\_\_\_\_ Yes, I'm interested in staying involved with Pontiac Youth Assistance, please call me at your earliest convenience.

\_\_\_\_\_ I'm not able to attend meetings at this time, but appreciate receiving your notices and minutes.

\_\_\_\_\_ I'm interested in participation on one of the Pontiac Youth Assistance community program.

\_\_\_\_\_ I'm not interested at this time; please drop me from the mailing list.

**Please return to: Pontiac Youth Assistance  
60 Parkhurst/ Upper Level  
Pontiac, Michigan 48342**