



Volunteer Coordinator Use Only
Date Started: _____
Volunteer Position: _____

Youth Services Program

Youth Volunteer Application (must be at least 15 years old)

Date: _____

Name:

(First) (Last)

Street Address:

City: _____ State: _____ Zip Code: _____

Phone: _____ Alt. Phone: _____

Email: _____

Birthdate: _____ Ethnicity: _____

(Some funders require us to provide this information)

School Name: _____ Current Grade: _____

HS Graduation Year: _____ Career Interest: _____

Person(s) to contact in case of emergency

1. Name: _____ Relationship to you: _____

Phone: _____ Home Phone: _____

2. Name: _____ Relationship to you: _____

Phone: _____ Home Phone: _____

QUESTIONNAIRE

Opportunities for volunteers are provided without regards to race, national origin, religion, age, or gender.

1. Why are you interested in volunteering at SAVE?

2. Do you have any previous volunteer experience? If so, please describe it below:

3. Have you volunteered at SAVE before? If so, when? _____

4. Please describe any special skills/interests/foreign or sign language skills:

5. Which volunteer position/area are you interested in? (Please check all that apply).

- Organizing Presentations Material
- Creating Awareness Campaign Materials
- Update Training Toolkit
- Other: _____

6. How long do you plan to volunteer at SAVE? (Check one).

- Less than a month
- 2-6 months
- 7-12 months
- More than a year

7. How many hours will you volunteer per week? _____

8. Please write the times you are available on each day:

- Mondays: _____
- Tuesdays: _____

- Wednesdays: _____
- Thursdays: _____
- Fridays: _____

9. Can you commit to this schedule every week?

- Yes
- No

10. Date available to start? _____

11. Is it necessary for you to limit your physical activity in any way or do you require any additional accommodations?

12. Have you been convicted of a criminal offense in the last 7 years?

- Yes (*If yes, list the number of convictions. A conviction will not necessarily disqualify an applicant from volunteering.*) _____
- No

REFERENCES

Choose references from the following: Teacher, Faith Leader, Principal, Employer, Adult Friend, etc.

Name: _____ **Phone Number:** _____

Street Address:

City: _____ **State:** _____ **Zip Code:** _____

Relationship to youth: _____

Name: _____ **Phone Number:** _____

Street Address:

City: _____ **State:** _____ **Zip Code:** _____

Relationship to youth: _____

Applicant please read, initial and sign the following:

I understand that SAVE volunteer hours will be completed between Monday through Friday from 9:00am - 5:00pm. _____

The above information is accurate and correct to the best of my knowledge.

- Your signature indicates your approval for us to check your references.
- Safe Alternatives to Violent Environments (SAVE) is not obligated to provide a placement, nor are you obligated to accept the volunteer position offered.

Youth Signature: _____ **Date:** _____

PARENT/GUARDIAN PERMISSION

Parent/Guardian please read, initial and sign the following section:

- I give my child permission to ride with SAVE staff for: running errands, meetings, presentations, etc., as needed. _____

- I understand the emotional awareness that my child may be exposed to due to the nature of the organization. I understand that my child may be exposed to emotional and/or physical evidence of abuse.

- I authorize SAVE to duplicate, post, or publish photographs of my child. I understand that these photographs may be used for brochures, newsletters, presentations, annual reports, SAVE's website, social media accounts (i.e. Twitter, Facebook, Instagram) or other publications regarding SAVE or for promotional items benefiting SAVE. I understand that I will not receive any compensation from the use of any photographs. _____

- I understand by my child submitting this application, they are doing so to be considered for SAVE's youth volunteer work and I hereby give my permission for them to service in that capacity, if accepted by the organization. I understand that they will be provided with orientation and training necessary for the safe and responsible performance of their duties and that they will be expected to meet all the requirements of the volunteer position, including regular attendance and adhere to agency policies and procedures. I understand that SAVE is not responsible for my child if he/she leaves the premises outside scope of duty (i.e. lunch breaks, leaving early). I am aware that they will not receive monetary compensation for their services contributed.

By signing below, I acknowledge my child's participation in SAVE's youth volunteer program, consent to the contact of my child's references, and in agreement with my child's application answers.

Parent/Guardian Signature: _____

Date: _____

Please mail/fax/bring the completed application to SAVE % Melissa Espinoza:

1900 Mowry Avenue, Suite 201, Fremont, CA 94538

Fax Number: (510)574-2252