



YOUTH SERVICES VOLUNTEER APPLICATION

Date: _____

CONTACT INFORMATION:

Name: _____
(First) (Middle) (Maiden) (Last)

Address: _____ City: _____ State: _____ Zip: _____

Phone: (____) _____ Cell: (____) _____ E-Mail: _____

Occupation: _____ Employer: _____

Wk Address: _____ Wk Phone: (____) _____

Educational Background: _____

Emergency Contact: _____ Emergency Phone: (____) _____

Previous Experience with Teens: _____

VOLUNTEER OPPORTUNITIES: (check all that apply)

- | | | |
|--|--|---|
| <input type="checkbox"/> Art Studios | <input type="checkbox"/> LGBTQ Support Group | <input type="checkbox"/> Shelter |
| <input type="checkbox"/> Coffee House (Sat nights) | <input type="checkbox"/> Health Education & Prevention | <input type="checkbox"/> Special Events |
| <input type="checkbox"/> Drama Troupe | <input type="checkbox"/> Grounds & Maintenance | <input type="checkbox"/> Street Outreach |
| <input type="checkbox"/> First Offender Program | <input type="checkbox"/> Clerical | <input type="checkbox"/> Moving Furniture |
| <input type="checkbox"/> Mentoring | <input type="checkbox"/> Safe Place | <input type="checkbox"/> Youth Court |
| <input type="checkbox"/> North Tulsa Youth Program | <input type="checkbox"/> Presenter (daytime) | <input type="checkbox"/> Broken Arrow |
| <input type="checkbox"/> Transitional Living | <input type="checkbox"/> Responder (on call) | <input type="checkbox"/> Tulsa |
| <input type="checkbox"/> YouthBuild | | <input type="checkbox"/> Owasso |

Other: _____

INTERESTS, SKILLS & HOBBIES: (check all that apply)

- | | | |
|--------------------------------------|--|---|
| <input type="checkbox"/> Arts/Crafts | <input type="checkbox"/> Gardening | <input type="checkbox"/> Science / Technology |
| <input type="checkbox"/> Automotive | <input type="checkbox"/> Graphic Design | <input type="checkbox"/> Sewing / Knitting / Crocheting |
| <input type="checkbox"/> Carpentry | <input type="checkbox"/> Guitar / Instrument | <input type="checkbox"/> Sign Language |
| <input type="checkbox"/> Cooking | <input type="checkbox"/> Indoor Games | <input type="checkbox"/> Singing |
| <input type="checkbox"/> Cosmetology | <input type="checkbox"/> Photography | <input type="checkbox"/> Sports / Recreation |
| <input type="checkbox"/> Drama | <input type="checkbox"/> Poetry / Writing | <input type="checkbox"/> Website Design |

Other: _____

Who referred you to YST? _____

Are you acquainted with or related to any present / former employee or board member of YST? Yes No

If yes, name of person: _____ Relationship: _____



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REFERENCES

Please list three personal references. One must be an employer. **Please do not list relatives.** Suggested references would be past employers, teachers, neighbors, friends and co-workers.

Employer: _____ Years Employed: _____

Address: _____ City: _____ State: _____ Zip: _____

Supervisor: _____ Phone: (____) _____

Name: _____ Phone: (____) _____

Address: _____ City: _____ State: _____ Zip: _____

Relationship: _____ Years Acquainted: _____

Name: _____ Phone: (____) _____

Address: _____ City: _____ State: _____ Zip: _____

Relationship: _____ Years Acquainted: _____

BACKGROUND INFORMATION:

Answers to the following questions will not automatically disqualify applicant.

1. Health: Excellent Fair Poor
2. Do you have any physical, mental or medical impairments which would interfere with your ability to perform the volunteer job for which you have applied? Yes No
3. Have you ever been charged or convicted of a felony? Yes No
4. Have you had a traffic conviction (other than parking tickets)? Yes No
5. Have you ever been treated for any drug, alcohol or chemical dependency? Yes No
6. Have you ever been treated for emotional or psychiatric problems? Yes No
7. Is there anything in your background that might cause someone to feel that you are not suitable to work with youth? Yes No

If you answered yes to any of the questions above, please explain:



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BACKGROUND INFORMATION (CONT):

Social Security No: _____ - _____ - _____ Date of Birth: _____ / _____ / _____

Print your full name: _____
(First) (Middle) (Last)

Maiden name, alias, or any other name used: _____

Address: _____ City: _____ State: _____ Zip: _____

List previous addresses with dates for the past 5 years (Attach a separate sheet if more space is needed)

Dates: _____ - _____ Address: _____
From To Street City State Zip

Dates: _____ - _____ Address: _____
From To Street City State Zip

Dates: _____ - _____ Address: _____
From To Street City State Zip

Do you have a valid driver's license? Yes No | DL Number / State: _____ / _____

Do you have a car? Yes No | Car insurance? Yes No | Insurance Company: _____

Sex: Male Female | Race: Asian Black Hispanic White Other _____

Volunteer Agreement

By signing this application, I hereby authorize Youth Services of Tulsa to make inquiry of, request information from, and receive information from any person or organization who may possess information concerning me or that may be a custodian of records relating to me, and I hereby release and will hold harmless each of such persons making inquiry, requesting information, receiving information, or providing information from liability for doing so and I give authorization for such persons and organizations to provide information about me to Youth Services of Tulsa. I give permission for Youth Services of Tulsa to order or conduct a background check on me, which may include a review of criminal records, sex offender registries and child abuse records. I certify that the above information is true and correct to the best of my knowledge and belief.

Volunteer Signature

Date

- Please return:
1. Volunteer Application
 2. Copy of Current Drivers License or other Government Issued Photo Identification.

To: Youth Services, 311 South Madison, Tulsa, OK 74120
Attn: Volunteer Coordinator Fax #: 918.382.3434

Office Use Only:	
_____ Requested By	_____ Program