

**The Starke County Youth Club, Inc.
Volunteer Form**



Please print.

First Name: _____ Middle: _____ Last: _____

Home Phone: _____ Cell Phone: _____

Home Address: _____

City: _____ State: _____ Zip Code: _____

Occupation and Employer: _____

Are you at least 18 years of age? Yes No E-mail address: _____

List any organizations you belong to:

List any previous work / volunteer experience:

How many hours a week are you interested in volunteering? _____

Please list any special skills, interests, or hobbies:

Please provide two references we may contact:

Name: _____

Name: _____

Address: _____

Address: _____

Phone: _____

Phone: _____

How does this person _____
know you?

How does this person _____
know you?

PLEASE READ CAREFULLY AND SIGN:

I certify that I have never been convicted of child abuse or crimes against sexual morality involving children. I understand that before acceptance, a criminal background check will be done. I authorize SCYC to contact the references I have provided as part of this application.

In the event of my volunteering with SCYC, I will comply with all rules, regulations and policies set forth in SCYC's volunteer handbook or other communications distributed by SCYC. I also understand that SCYC has the right to modify its policies without giving me any notice of the changes.

I certify that I have read and understand the preceding statement. I certify that the information provided within this application is correct to the best of my knowledge.

Signature _____ Date _____