

|                    |
|--------------------|
| Office Use Only    |
| Orientation: _____ |
| GRP _____          |
| START _____        |
| PLACE _____        |
| DP _____           |

# Volunteer Application High School Student

PLEASE PRINT ALL INFORMATION

**THIS APPLICATION AND THE PERSONAL INFORMATION CONTAINED HEREIN IS NOT AVAILABLE TO ANYONE OTHER THAN THE DIRECTOR OF THE VOLUNTEER PROGRAM OF YOUR CHAPTER OR SCHOOL AND THE CRITTENTON VOLUNTEER COORDINATOR.**

Last Name: \_\_\_\_\_ First: \_\_\_\_\_ Nickname: \_\_\_\_\_

Drivers License/Student ID: \_\_\_\_\_ Expires: Mo \_\_\_ Day \_\_\_ Year \_\_\_\_\_

Home Address: \_\_\_\_\_

Home City: \_\_\_\_\_ CA Zip \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ E-Mail: \_\_\_\_\_

Cell Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Student: (Y)\_\_\_\_ (N)\_\_\_\_ Current Age: \_\_\_\_\_

School: \_\_\_\_\_ Program: \_\_\_\_\_

Are you in good health? ( )Yes ( ) No - If no, explain: \_\_\_\_\_

Emergency Contact: Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

City: \_\_\_\_\_ Daytime Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

I understand the above information is voluntarily supplied. I understand as a volunteer, I will not be paid for my services.

I understand the information presented to me in the Volunteer Orientation as related to issues of client and agency confidentiality, mandated reporting requirements and the maintenance of appropriate boundaries with the clients and staff must be maintained at all times, even after the completion of my term of service as a Crittenton volunteer.

Acceptance of Volunteer Position

Volunteer Signature \_\_\_\_\_ Date \_\_\_\_\_

Volunteer Coordinator

Acceptance as a Volunteer \_\_\_\_\_ Date \_\_\_\_\_

**Parent or Guardian Approval - Required**

I am applying for the position of **VOLUNTEER** at Crittenton Services for Children and Families and I need your permission to work there as a volunteer. Crittenton provides residential treatment, for abused and troubled children from birth to eighteen years of age. As a volunteer, I will be working in the nursery (PACE Center) with babies and toddlers from birth through four years of age,

Please check **one paragraph only**

**(1)** \_\_\_\_\_ I am familiar with my child's application and hereby **give permission, without restriction**, for her to work as a volunteer at Crittenton.

Signed \_\_\_\_\_ Date \_\_\_\_\_

**(2)** \_\_\_\_\_ I am familiar with my child's application and hereby **give permission, with restrictions**, for her to work as a volunteer at Crittenton.

Restrictions:

\_\_\_\_\_  
\_\_\_\_\_

Signed \_\_\_\_\_ Date \_\_\_\_\_

**(3)** \_\_\_\_\_ I **do not give permission** for her to work as a volunteer at Crittenton.

Signed \_\_\_\_\_ Date \_\_\_\_\_

**AVAILABILITY AND INTEREST: Please indicate in the following boxes your potential availability for volunteering in the PACE Center. Check as many as apply.**

Place an "X" next to the times you are available for volunteer service

| DAY       | Morning | Afternoon |
|-----------|---------|-----------|
| Monday    | _____   | _____     |
| Tuesday   | _____   | _____     |
| Wednesday | _____   | _____     |
| Thursday  | _____   | _____     |
| Friday    | _____   | _____     |