



# Youth and Family Enrichment Services

## VOLUNTEER APPLICATION

PLEASE PRINT CLEARLY. All information you provide be treated with complete confidentiality.

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_  
Number Street City ZIP

YOUR BIRTH DATE \_\_\_\_\_

HOME PHONE \_\_\_\_\_ WORK PHONE \_\_\_\_\_

CELL \_\_\_\_\_

- It is OK call me at work.
- Please do NOT call me at work!

EMAIL \_\_\_\_\_

EMPLOYER \_\_\_\_\_ OCCUPATION \_\_\_\_\_

### EDUCATION:

Name of School & Location Graduation Date Major / Degree

High School \_\_\_\_\_

College \_\_\_\_\_

Technical / Professional Training \_\_\_\_\_

LANGUAGES SPOKEN (other than English): \_\_\_\_\_

### Please give us one personal and two professional references:

Name and title (friend, professor, co-worker, etc.):

Phone number:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**EMERGENCY CONTACT INFORMATION: (please print)**

\_\_\_\_\_  
Full Name of Emergency Contact

\_\_\_\_\_  
Relationship to You

\_\_\_\_\_  
Home Phone

\_\_\_\_\_  
Cellular Phone

**PREVIOUS VOLUNTEER EXPERIENCE:**

Organization:

How Long?

Duties:

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

**How much time would you like to volunteer? When are you available to volunteer?**

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

**Briefly state the capacity in which you would like to volunteer and why:**

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

I understand that the policies, procedures and records of Youth and Family Enrichment Services are strictly confidential, and that any information I receive about the Agency or its clients in the process of applying to become a volunteer, during training or in the course of my work as volunteer, may not be repeated or discussed (even AFTER I have completed my volunteer commitment) with anyone who is not associated with the Agency. I also understand that if I am accepted as a volunteer, I cannot communicate in any way or meet with clients outside of the Agency, without prior consent of the Volunteer Coordinator.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Please return completed application to:**

Shawna Larson, Volunteer Coordinator  
Youth and Family Enrichment Services  
610 Elm Street, Suite 212  
San Carlos, CA 94070  
Tel: (650) 579-0359 x35  
Fax: (650) 342-6727  
E-mail: [shawna.larson@yfes.org](mailto:shawna.larson@yfes.org)