

# PLYMOUTH CHRISTIAN YOUTH CENTER

## VOLUNTEER APPLICATION

Last Name _____ First _____
Address _____
City _____ Zip _____ Birthdate (opt.) _____
Phone (H) _____ (W) _____
Email _____

Thank you for applying to be a Plymouth Christian Youth Center (PCYC) volunteer. Your answers to these questions help us make the most appropriate assignment for you. We will keep the information confidential

**Skills** that you want to share with us: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Education, training, language skills:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Experience in paid employment** (company, position, date): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Days and hours** when you would like to volunteer:

	M	T	W	TH	F	SA	SU
Morning							
Afternoon							
Evening							

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References: Please list three persons (not related to you) who would have knowledge of your qualifications for the volunteer position you are seeking (i.e. current or former supervisor, employer, co-worker, teacher or fellow volunteer).

Name \_\_\_\_\_

Address with zip code \_\_\_\_\_

Phone: (H) \_\_\_\_\_ (W) \_\_\_\_\_

Email: \_\_\_\_\_

Relationship \_\_\_\_\_ Number of years known \_\_\_\_\_

Name \_\_\_\_\_

Address with zip code \_\_\_\_\_

Phone: (H) \_\_\_\_\_ (W) \_\_\_\_\_

Email: \_\_\_\_\_

Relationship \_\_\_\_\_ Number of years known \_\_\_\_\_

Name \_\_\_\_\_

Address with zip code \_\_\_\_\_

Phone: (H) \_\_\_\_\_ (W) \_\_\_\_\_

Email: \_\_\_\_\_

Relationship \_\_\_\_\_ Number of years known \_\_\_\_\_

**Misdemeanor or felony convictions:**  No  Yes (year, charges): \_\_\_\_\_

\_\_\_\_\_

*I verify that all of the above information is true, complete and correct, and I understand that if it is not, I am disqualifying myself for a volunteer position.*

*I also understand that I am applying for a volunteer position and that this is not an application for, nor a contract of, employment. I further agree that as a PCYC volunteer, I will not accept any payment for my services and that I will incur the cost of transportation. I will also take required training where applicable.*

*I authorize the above references to give PCYC any pertinent information they may have and authorize investigation of all statements contained herein. In addition, I authorize any verification of applicable licensure if it is required for my volunteer position.*

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date