

PLYMOUTH CHRISTIAN YOUTH CENTER (PCYC)

VOLUNTEER APPLICATION

| | | |
|---|-------------|----------------------|
| Last Name _____ | First _____ | Middle Initial _____ |
| Address _____ | | |
| City _____ | Zip _____ | Date of Birth _____ |
| Phone (H) _____ | (W) _____ | (C) _____ |
| Email _____ | | |
| The best way and times to contact me are: _____ | | |

Thank you for applying to be a volunteer at PCYC. Your answers to these questions help us make the most appropriate assignment for you. PCYC will keep your information confidential.

Skills that you want to share with us _____

Education, training, language skills _____

Employment History (company, position, dates): _____

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. Examples include current or former supervisor, co-worker, teacher, pastor.

Name _____

Address with zip code _____

Phone: (H) _____ (W) _____ (C) _____

Email: _____

Relationship: _____ Number of years known _____

Name _____

Address with zip code _____

Phone: (H) _____ (W) _____ (C) _____

Email: _____

Relationship: _____ Number of years known _____

Name _____

Address with zip code _____

Phone: (H) _____ (W) _____ (C) _____

Email: _____

Relationship: _____ Number of years known _____

Misdemeanor or felony convictions: () No () Yes; if you check “yes,” please state year, charges here:

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

I agree that I am applying for a volunteer position. This is not an application for, nor a contract of, employment. I also agree that as a PCYC volunteer, I will not accept any payment for my service. Further, I agree to pay for my transportation and will take any training required for my volunteer position.

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

Applicant’s Signature

Date