

Stewart's Caring Place
2955 West Market Street
Suite R
Akron, Ohio 44333



330-836-1772
www.stewartscaringplace.org
clare@stewartscaringplace.org

YOUTH VOLUNTEER APPLICATION

Thank you for your interest in volunteering. Please complete all sections and return this application at your earliest convenience so that your interview process can begin.

Today's Date: _____ Date Received (Office Use) _____

Name: _____ (Parent's Names) _____

Address: _____ City: _____ State: _____ ZIP: _____

Gender: M F (Optional) Birth Date: _____ E-mail _____

Home Phone: _____ Cell phone: _____

Do you need accommodations to perform your duties as a volunteer? _____ Yes _____ No

If so, what type of accommodation do you need? _____

People to Contact in Case of an Emergency:

Name: _____ Phone: _____ Relationship: _____

Name: _____ Phone: _____ Relationship: _____

If emergency contacts cannot be reached, Stewart's Caring Place reserves the right to seek medical assistance at the nearest medical facility and will be held harmless in all legal and financial issues that may arise from this decision.

Education:

Circle last school year completed: 8 9 10 11 12 College: 1 2 3 4

Name of school you are attending: _____

Are you volunteering for school credit or to complete service hours? _____ Yes _____ No

How many hours do you need to complete? _____ By what date? _____

Extracurricular activities/interests:

(over)

Stewart's Caring Place does not discriminate on the basis of race, color, religion, gender, age, nationality, sexual orientation or disability in employment, services, programs or activities.

How did you learn about the volunteer program at Stewart's Caring Place?

Please indicate your areas of interest:

____ Clerical ____ Library ____ Children's Programs ____ Day Camp (June or July)
____ Special Events (mostly weekends) ____ Baking Other: _____

Please note the days and times you are available to volunteer:

M: _____ **T:** _____ **W:** _____ **Th:** _____ **F:** _____ **Sat/Sun:** _____

References: (No relatives, please)

Name	Phone Number	Relationship
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Name	Phone Number	Relationship
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I, _____, confirm by signing this statement that I have not been convicted of a crime of child abuse, unlawful sexual behavior or a felony. Furthermore, I grant Stewart's Caring Place permission to acquire any criminal records that I may have incurred.

I also understand that the completion of this application does not indicate whether any positions are currently open and that it does not obligate Stewart's Caring Place to extend association on a voluntary basis. I understand that the application, interview, reference check and placement process are required of all volunteer applicants and are in no way a contract to volunteer service or promise of future volunteer services. I state that all information completed is true. I authorize SCP to verify the information by any means necessary.

Applicant's Signature: _____ **Date:** _____

Parent's Signature: _____ **Date:** _____

Attached is a form to be completed by your references and returned directly to Stewart's Caring Place before you can be placed in a volunteer position here.



YOUTH Volunteer Reference Form

Dear _____,

I wish to become a volunteer at Stewart's Caring Place and would appreciate your completing this reference form on my behalf. Stewart's Caring Place is a Cancer Wellness and Educational Resource Center that provides emotional, social, physical, educational and spiritual support to individuals and families touched by cancer. It is a local non-profit organization that collaborates with the medical community, the American Cancer Society and other resource groups to promote wellness. All services are provided free to anyone experiencing a cancer journey. Stewart's Caring Place relies on its volunteers and places only the highest quality volunteers. I would appreciate your honest opinion of my suitability for a position in this organization. I hereby waive my right to see this reference form.

Thank you very much for your assistance and prompt response.

Signature: Volunteer Candidate

Date

Signature: Parent of Candidate

Date

Please return this form in the enclosed envelope within one week to:

Volunteer Services, Stewart's Caring Place, 2955 West Market Street, Suite R, Akron, Ohio, 44333.

1. In what capacity do you know this Volunteer?

2. Would you recommend this candidate for a volunteer position at Stewart's Caring Place? Y N

If No, Please Explain Why:

3. Do you know of anything that might limit this candidate's ability to volunteer?

(over)

4. Please rate the categories below which pertain to your knowledge of this candidate:

	Poor	Average	Good	Excellent
Capacity to learn from experience				
Patience/empathy				
Judgment/maturity				
Confidentiality				
Responsibility/loyalty				
Appearance/manners				
Ability to accept supervision				
Ability to work with a group				
Ability to work alone				
Rapport with children				
Rapport with adults				

Please note below your personal opinion of this candidate's strengths, dependability and character.

Since our staff members are responsible for our volunteers, it is our goal to recruit and place only the highest caliber volunteers. Therefore, we appreciate your candor.

Signature _____ Printed Name _____

Address _____ E-mail _____

City _____ State _____ Zip _____ Phone _____

Stewart's Caring Place would like to thank you for your time and appreciates your honesty. If you are interested in learning more about Stewart's Caring Place or becoming a volunteer, please indicate here:

- Y Please send me a volunteer application form**
- Y Please add me to your mailing list**



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