



## VOLUNTEER APPLICATION YOUNG ADULT

Thank you for your interest in volunteering!  
Please complete all fields and return this application. An interview process will follow.

Date \_\_\_\_\_

Name \_\_\_\_\_ DOB (month/day) \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Primary Phone \_\_\_\_\_ Secondary Phone \_\_\_\_\_

Email \_\_\_\_\_ Gender M F Other \_\_\_\_\_

### Emergency Contacts

Name \_\_\_\_\_ Phone \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_ Relationship \_\_\_\_\_

School: \_\_\_\_\_ Highest grade level completed \_\_\_\_\_

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

If yes, how many hours do you need to complete? \_\_\_\_\_ By what date? \_\_\_\_\_

Please note your availability to volunteer:

M: \_\_\_\_\_ T: \_\_\_\_\_ W: \_\_\_\_\_ Th: \_\_\_\_\_ F: \_\_\_\_\_ Sat/Sun: \_\_\_\_\_

### AREA OF INTEREST (Check all which apply)

- |   |  |
|---|--|
| <input type="checkbox"/> Clerical Support/Reception | <input type="checkbox"/> Library Assistants                    |
| <input type="checkbox"/> Computer (IT Support)      | <input type="checkbox"/> Special Events (may include weekends) |
| <input type="checkbox"/> Fundraising committee      | <input type="checkbox"/> Other _____                           |
| <input type="checkbox"/> Gardening                  |  |

Extracurricular activities/interests: \_\_\_\_\_

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

\_\_\_\_\_

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 run a background check if deemed necessary.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

I understand that the completion of this application does not indicate whether any positions are currently open and it does not obligate Stewart's Caring Place to extend an association. 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, the undersigned, state that all information completed is true. I authorize SCP to verify the information by any means necessary.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

*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. Stewart's Caring Place relies on the highest quality volunteers. Two references are requested for any volunteer applicant. Most student applicants utilize teachers, coaches, club leaders, as references.*

**Professional References:**

Reference Name \_\_\_\_\_

Reference Phone \_\_\_\_\_

Reference Email \_\_\_\_\_

Reference Relationship \_\_\_\_\_

Reference Name \_\_\_\_\_

Reference Phone \_\_\_\_\_

Reference Email \_\_\_\_\_

Reference Relationship \_\_\_\_\_

**For any questions about the application process or the volunteer program in general, please contact Bobbie Martucci at [bobbie@stewartscaringplace.org](mailto:bobbie@stewartscaringplace.org) or 330.836.1772**