

# Community Affairs Board Youth Volunteer Application

Please indicate which volunteer program you are interested in volunteering with:

Family Literacy Program     Working with Elderly     Amiguitos     Jueguemos

**General Information**

Full Legal Name: _____	Gender: _____
Date of Birth: _____	
Home Address: _____	
<i>Street</i>	<i>Apt#</i>
<i>City</i>	<i>State</i>
<i>Zip</i>	
Local Address: _____	
<i>Street</i>	<i>Apt#</i>
<i>City</i>	<i>State</i>
<i>Zip</i>	
Phone Number: _____	Email: _____
Emergency Contact _____	
Name	Relationship
	Phone #

References: Please list at least two people familiar with your character.

Name	Address	City	State	Zip	Phone

Please list references for any youth or related organization you have worked/ or volunteered with

Name	Address	City	State	Zip	Phone

Legal Record, please list any arrests and convictions

Arrest	Charge	Disposition/Result

Please Indicate any languages you read, write, or speak in additional to English:

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Please share some information about yourself, why you decided to volunteer etc.

I give permission to Associated Students to conduct a background inquiry including my criminal, background, driving history as well as check personal references and any other information as deemed necessary to determine my appropriateness for participation in A.S. sponsored volunteer activities. I have read the above notification, understand and agree to its contents.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

For Office Use Only

Reference #1 checked by: \_\_\_\_\_ Pass Yes/No: \_\_\_\_\_

Notes: \_\_\_\_\_

Reference #2 checked by: \_\_\_\_\_ Date: \_\_\_\_\_ Pass Yes/No: \_\_\_\_\_

Notes: \_\_\_\_\_

Reference #3 checked by: \_\_\_\_\_ Date: \_\_\_\_\_ Pass Yes/No: \_\_\_\_\_

Notes: \_\_\_\_\_

Additional Notes: