



Youth and Family Enrichment Services

VOLUNTEER APPLICATION

PLEASE PRINT CLEARLY. All information you provide be treated with complete confidentiality.

NAME _____

ADDRESS _____
Number Street City ZIP

YOUR BIRTH DATE _____

HOME PHONE _____ WORK PHONE _____

CELL _____

- It is OK call me at work.
- Please do NOT call me at work!

EMAIL _____

EMPLOYER _____ OCCUPATION _____

EDUCATION:

Name of School & Location Graduation Date Major / Degree

High School _____

College _____

Technical / Professional Training _____

LANGUAGES SPOKEN (other than English): _____

Please give us one personal and two professional references:

Name and title (friend, professor, co-worker, etc.):

Phone number:

EMERGENCY CONTACT INFORMATION: (please print)

Full Name of Emergency Contact

Relationship to You

Home Phone

Cellular Phone

PREVIOUS VOLUNTEER EXPERIENCE:

Organization:

How Long?

Duties:

How much time would you like to volunteer? When are you available to volunteer?

Briefly state the capacity in which you would like to volunteer and why:

I understand that the policies, procedures and records of Youth and Family Enrichment Services are strictly confidential, and that any information I receive about the Agency or its clients in the process of applying to become a volunteer, during training or in the course of my work as volunteer, may not be repeated or discussed (even AFTER I have completed my volunteer commitment) with anyone who is not associated with the Agency. I also understand that if I am accepted as a volunteer, I cannot communicate in any way or meet with clients outside of the Agency, without prior consent of the Volunteer Coordinator.

Signature

Date

Please return completed application to:

Carmelita Limas, Volunteer Coordinator
Youth and Family Enrichment Services
610 Elm Street, Suite 212
San Carlos, CA 94070
Tel: (650) 579-0359 x13
Fax: (650) 342-6727
E-mail: carmelita.limas@yfes.org