



# TEEN VOLUNTEER REFERRAL APPLICATION

*NOTE: → Please just fill out #1, 2, 3, 18, + parent signature*  
(Please Print)

1. Last Name \_\_\_\_\_ First Name \_\_\_\_\_ MI \_\_\_\_\_
2. Address \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_
3. Telephone # ( ) \_\_\_\_\_ - \_\_\_\_\_ / Email \_\_\_\_\_
4. Age (optional) check one  14  15  16  17
5. Education: (check highest grade completed)  High School  College  
Special Training, Licenses, or Certificates \_\_\_\_\_
6. Fluent Languages (other than English) \_\_\_\_\_  Read  Write  Speak
7. Days and Times Available (Please check day(s) and indicate time available)
 

<input type="checkbox"/> Monday _____	<input type="checkbox"/> Thursday _____
<input type="checkbox"/> Tuesday _____	<input type="checkbox"/> Friday _____
<input type="checkbox"/> Wednesday _____	<input type="checkbox"/> Saturday _____
	<input type="checkbox"/> Sunday _____
8. Desired Length of Assignment:  3 months  6 months  9 months  1-year  \_\_\_\_\_
9. Do you have any limiting conditions that may impair your performance as a volunteer?  
 No  Yes (please explain) \_\_\_\_\_
10. Work Experience: (Current Employer)  
Name \_\_\_\_\_ Telephone \_\_\_\_\_  
Address \_\_\_\_\_ Hours per week \_\_\_\_\_
11. Interests / Hobbies (reading, sports, etc.) \_\_\_\_\_
12. Transportation:  Car  Bus  BART  Walk  Other \_\_\_\_\_
13. Skills or Program of Interest (check if appropriate)
 

<input type="checkbox"/> Filing	<input type="checkbox"/> Social Service	<input type="checkbox"/> Research	<input type="checkbox"/> Carpentry
<input type="checkbox"/> Computer Trainer	<input type="checkbox"/> Receptionist	<input type="checkbox"/> Sports Recreation	<input type="checkbox"/> Inventory
<input type="checkbox"/> Mass Mailing	<input type="checkbox"/> Gardening	<input type="checkbox"/> Health / Nutrition	<input type="checkbox"/> Cooking
<input type="checkbox"/> Animal Shelter	<input type="checkbox"/> Data Entry	<input type="checkbox"/> Photography	<input type="checkbox"/> Photocopying
<input type="checkbox"/> Special Events	<input type="checkbox"/> Typing	<input type="checkbox"/> Police Explorers	<input type="checkbox"/> Hospital Service

*over →*

