

## VOLUNTEER APPLICATION - MINOR Please Print All Information Office Use Only

services for children and families	Please Print All Information	Office Use Only Orientation:
Last Name:	First:	GRP START PLACE
Nickname:		DP
Driver's License/Student ID:	Expires: Mo	_DayYear
Home Address:		
Home City:	CA Z	Cip
Home Phone: ()	E-Mail:	
Cell Phone: ()	Student: Yes N	o Current Age:
School:		
List any experiences that may have	ve helped you in working with people:	
Activity:	Organization:	
Activity:	Organization:	
Languages other than English:		
Are you in good health?	No If no, explain:	
Emergency Contact: Name:	Relationship	;
Phone:	E-mail:	
paid for my services. I underst related to issues of client and maintenance of appropriate box	ation is voluntarily supplied. I understand a tand the information presented to me in th I agency confidentiality, mandated report undaries with the clients and staff must be n m of service as a Crittenton Volunteer.	e Volunteer Orientation as ting requirements and the
	Da	te:
Printed Name:		
Acknowledgement of initial Volu	unteer Orientation	
Crittenton Representative:	Dat	e:

Revised bb 7/17/21



## **VOLUNTEER APPLICATION - MINOR Please Print All Information**

Last Name: \_\_\_\_\_ First: \_\_\_\_\_

## Parent or Guardian Approval - Required

I understand that this agreement is made on behalf of my minor child and/or legal ward and I represent and warrant to the nonprofit that I have full authority to sign this agreement on behalf of such minor.

Please check only one as applicable:

I am familiar with my child's application and hereby give permission, without restriction, to Volunteer at Crittenton.

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Restrictions:		
Parent Signature:	Date	
Printed Name:		

## **Complete if applicable:**

AVAILABILITY: Please indicate availability and areas of interest. Place an "X" next to the times you are available to volunteer.

DAY:	<u>Morning</u>	Afternoon	<b>Evening</b>
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			
Saturday			-
Sunday			
2			