



Lakes Center for Youth and Families | 20 N. Lake Street, Suite 103 | Forest Lake, MN 55025
Phone: 651.464.3685 | Fax: 651.464.3687 | www.LC4YF.org

Adult Volunteer Application

PERSONAL INFORMATION

Date: _____ File # _____

First & Last Name * _____ M _____ F _____ Age _____ DOB * _____

Home Phone # * _____ Cell Phone # * _____

Spouse/Significant Other Name * _____ Email * _____

Address * _____ City * _____

State * _____ Zip * _____ County* _____

Ethnicity * _____

JOB HISTORY

Current Employer * _____ Name of Supervisor _____

Job Title * _____ Work Phone # * _____

Can we contact you at work? _____

This agency may be contacting your employer as a reference.

Is there any reason that you would not want us to contact your employer? If yes, please explain. _____

PAST EMPLOYMENT

Position _____ Dates _____ to _____

Employer _____

Address _____ Phone # _____

May we contact this employer as a reference? _____

If not, why? _____

MEDICAL HISTORY *

Do you have any medical conditions that we should be aware of? Yes/No _____

If yes, please explain _____

Emergency Contact:

Name _____ Phone # _____

Name _____ Phone # _____

LEGAL HISTORY

Have you ever been convicted of a crime? Yes/No _____

If yes, please explain

Have you ever been investigated/and or charged of a crime of a juvenile or vulnerable adult? Yes/No _____

If yes, please explain

Have you ever received any mental health or chemical treatment? Yes/No _____

If yes, please explain

EDUCATION *

High School _____

College _____ Degree _____

PERSONAL DATA *

Areas of interest/hobbies

Activities/organizations

Do you have any special training or skills?

PREVIOUS EXPERIENCE WORKING WITH CHILDREN OR ADOLESCENTS

Past volunteer experience

Other experiences working with children or adolescents

OTHER

Why do you want to volunteer at Lakes Center for Youth and Families?

How did you hear about us?

REFERENCES

Please list names, complete addresses, email addresses and phone numbers of adults (not related to you) who have known you for at least two years and who can vouch for your reputation, character, and morals. Notify your references that they will either receive a telephone call or an email from our office. Please ask them to respond as soon as possible.

1. Name _____ Day Phone _____

Address _____

City, State, Zip _____

E-mail _____

Relationship to you _____

2. Name _____ Day Phone _____

Address _____

City, State, Zip _____

E-mail _____

Relationship to you _____

3. Name _____ Day Phone _____

Address _____

City, State, Zip _____

E-mail _____

Relationship to you _____

READ AND SIGN:

To the best of my knowledge, the information in this application is accurate and true. I understand that misrepresentation of facts in connection with my application may be sufficient cause, in and of itself, for dismissal whenever discovered.

Applicant's signature Date

I authorize the collection, use and release of any general information and/or photographs acquired by the agency as it relates to my volunteer position for the use of publicity, fundraising, and promotional purposes.

Applicant's signature Date

VOLUNTEER POSITIONS

Please check the position(s) that are of interest to you.

Community Justice:

- Community Panel Volunteer (adults only)
- Parent Panel Volunteer (adults only)
- Follow-Up Specialist Volunteer (adults only)
- General Community Justice Program Volunteer (adults only)

Youth Enrichment:

- Job Readiness Program (adult only)
- Career Focused Mentoring (adult only)
- Tried & True Small Engines (adult only)
- General Enrichment Program Volunteer (adults only)

Parent Education:

- Parent Education Program Volunteer (adults only)
- Support Group Facilitator Volunteer (adults only)

General:

- Direct Service Program Intern (adults only)
- Internship Interest: Community Justice | Youth Enrichment & Leadership | Counseling
- Service Learning Student (adults only)
- Office Assistant Volunteer (youth and adults)
- Fundraising Event Planning Committee Volunteer (adults only)
- Resource Development Committee Volunteer (adults only)
- Other (please list)

Please return completed form to the address listed below. The coordinator will review your information and assess if this is a good fit. Thank you for your interest!

For Office Use Only

Application Date: _____ Term Date: _____

Background Check: Yes or No

Volunteer Type: Intern-Agency Intern-Counseling Service Learning
 Adult Volunteer Youth Volunteer Speakers/Mediators/Facilitators

Notes:



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