

YOUTH VOLUNTEER PROGRAM
APPLICATION
YOUTH SERVICES
196 NORTH MAIN STREET
SOUTHINGTON, CONNECTICUT 06489

DATE _____

NAME _____ AGE _____

ADDRESS _____

TELEPHONE # _____ SCHOOL _____

GRADE _____

PARENT OR GUARDIAN NAME _____

TELL US WHAT YOU ARE GOOD AT _____

WHY DO YOU WANT TO VOLUNTEER? _____

WHAT ARE YOUR EXTRA CURRICULAR ACTIVITIES? _____

WHAT WOULD YOU LIKE TO DO WHEN YOU GET OLDER? _____

DO YOU NEED VOLUNTEER HOURS FOR ANYTHING? _____

WHAT MAKES YOU AN IDEAL CANDIDATE FOR THIS POSITION? _____

Please check a volunteering experience you're interested in:

_____ YMCA

_____ Camp Sloper

_____ Community Services

****MUST BE ABLE TO PROVIDE YOUR OWN TRANSPORTATION****

Southington Youth Services

Participant Information

Participant's Name: _____ Date of Birth _____ Age: _____
Address: _____ City: _____ Zip: _____
School: _____ Grade: _____ Gender: _____
Parent/Legal Guardian Name: _____ Home Phone: _____
Work Phone: _____ Cell Phone: _____ Email: _____

Demographics (Please check one in each category)

Race:

- American Indian/Alaskan Native
- Asian
- Black/African American
- Multi-racial
- Native Hawaiian or Other Pacific Islander
- Other
- White
- Unknown

Family:

- 2 Birth/Adoptive Parents
- Step and Birth Parent
- Single Parent Female
- Single Parent Male
- Joint Custody
- Grandparent
- Relative/Guardian
- DCF
- Foster Parent
- On Own
- Other

Ethnicity:

- Hispanic/Latino
- Not Hispanic/Latino

Permission and Emergency Medical Information

If your child requires pick up, is there anyone NOT authorized to do so: _____

Emergency Contact: _____ Relationship: _____ Phone: _____

Are there any specific medical conditions we should be aware of? _____

I give permission for my child to participate in this Southington Youth Services program.

Parent/Legal Guardian Signature: _____ Date: _____

Please check here if you do NOT give permission for your child to be photographed or interviewed for our media campaigns. _____