

GARDEN OF PRAYER YOUTH CENTER

VOLUNTEER APPLICATION

Name: _____ Social Security #: _____

Former or other name(s): _____

Address: _____ City: _____ State: _____

Telephone: _____ Birth date: _____ Age: _____ Sex: _____

Marital Status: _____ No. of Children: _____ (Are they enrolled in any GOPYC) Y N _____

Nationality: White _____ Black _____ Hispanic _____ Asian _____ Native American _____ Other _____

How many years have you lived at this address? _____ If less than five years, list all previous addresses during that time period (add paper if more room is needed)

Have you volunteered for Garden of Prayer Youth Center before?

If so, When? _____

What did you do? _____

Medical Problems/Allergies: _____

Current treatment (include current medications) _____

Youth under 18 years of age

Parent or Guardian: _____ Telephone : () _____

Home Address: _____ Relation: _____

Emergency Contact: _____ Telephone : () _____

Address: _____ City: _____ State: _____

TUBERCULIN TEST (TB) GIVEN: _____ (most recent)

Area you wish to volunteer? (You may choose more than one)

- Arts & Crafts
- Recreation & Activities
- Planning Committee
- Field Trip Supervision (Adults ONLY)
- Counselor/Tutor Assistant
- Meal Planning and Preparation



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What age group do you prefer to work with? (You may choose more than one)

- 6-9 year old Boys — 12-14 year old Boys —
Girls — Girls —
10-12 year old Boys — 15-17 year old Boys —
Girls — Girls —

In Service Training is Mandatory

List three (3) persons not related to you who have definite knowledge of your qualification.

Name: _____ Phone: () _____
Name: _____ Phone: () _____
Name: _____ Phone: () _____

Have you ever been convicted of a criminal offense?

Yes ___ No _____(If yes, please attach a sheet to explain.)

A conviction will not necessarily disqualify an applicant. A conviction will be considered as it relates to the specifics of the position for which you have applied.

I authorized the Garden of Prayer Youth Center to contact listed reference, the police for criminal background investigation, and Illinois Department of Children and Family Services to conduct a search of the Child Abuse and Neglect Tracking System.

I understand that I must be officially accepted before beginning my volunteer position. I understand that misrepresentation or omission of facts requested in this application is cause for rejection as a Garden of Prayer Youth Center volunteer. I agree to fulfill the responsibilities of the volunteer position to the best of my ability if appointed. I understand that failure to comply with the rules may lead to dismissal from this position.

I agree to hold free the Garden of Prayer Youth Center and any associated agencies and persons and waive any claim for payment for accident, injury disability or damages to myself or my property arising out of or connected with my participation in any of the activities of the Center Programs.

Volunteer Signature Date: _____

Parent/Guardian Signature (if Minor) Date: _____

Executive Director Signature Date: _____