



Volunteer Application

The mission of New Avenues for Youth is to help every youth reach their fullest potential by offering a continuum of outcome-based services that empower homeless youth to exit street life and that prevent other youth from becoming homeless.

Date: _____

Name (Last, First, Middle) Date of Birth Home Telephone

Address (Street, City, State, ZIP Code) E-Mail Address

Organization Represented (if applicable) Who referred you to us?

Are you presently employed? Yes No Your occupation: _____
If yes, where are you employed? May we contact you at work? Yes No

Company Name Work Telephone

Address (Street, City, State, ZIP Code)

List your previous volunteer experience: _____

List your skills, hobbies, interests, etc.: _____

Education: Elementary School High School Vocational/Technical Training
 College (Major: _____) Graduate School (Concentration: _____)

Have you had prior New Avenues or other volunteer training? Yes No If so, when? _____

Where? _____ What was the subject? _____

Indicate times you are willing to volunteer:

Monday		Tuesday		Wednesday		Thursday		Friday		Saturday		Sunday	
AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM

How many hours per week are you willing to volunteer? _____ When can you start? _____

Questions:

1. Why do you want to be a volunteer with an agency that serves homeless and at-risk youth? _____

2. Describe any volunteer, work, or life experiences that you feel would assist you in your work as a volunteer with New Avenues.

3. How might you respond to a youth who asked you to take him/her out for dinner?

4. New Avenues serves many different types of youth, including those who identify as sexual minorities, who use drugs, who have mental health challenges, or who may be different in other ways from the youth you've experienced. What is your comfort level in working with diverse youth, and do you have any concerns or feel that there are any groups that you would not be comfortable working with?

Do you speak (or sign) any languages other than English? Yes No

If yes, which languages? _____

Do you have computer skills? Yes No Skill Level? _____

Do you have a preference for the type of service? Yes No If yes, please check preference:
 Direct work with client Development/Fundraising Administration

REFERENCES:

Name	Address or Email	Telephone Number
------	------------------	------------------

Name	Address or Email	Telephone Number
------	------------------	------------------

IN CASE OF EMERGENCY, PLEASE NOTIFY:

Name	Relationship	Telephone Number
------	--------------	------------------

Address (Street, City, State, ZIP Code)

I certify that the information contained in this application is true and correct to the best of my knowledge and I understand that any misstatement or omission of information is grounds for disqualification from further consideration or for dismissal. I authorize the references listed above to give you any and all pertinent information they may have, personal or otherwise, and release all parties from all liability for any damage that may result from them furnishing same to you.

Applicant's Signature: _____ Date: _____