

VOLUNTEER APPLICATION

Our organization encourages the participation of volunteers who support our mission. If you agree with our mission and are willing to be interviewed and trained in our procedures, we encourage you to complete this application. The information on this form will be kept confidential and will help us find the most satisfying and appropriate volunteer opportunity for you.

Thank you for your interest in our organization.

Name:	
Address:	
City:	State:Zip:
Phone:	Email:
Employer:	Position:
For students, if you attend school	ol, which school & classification?
organization? Interests: Please tell us in v Mentoring Entrepreneur	you have that you feel would benefit our which areas you are interested in volunteering. Financial Literacy Activities
Academic tutoring Other	Dance Squad blogy)Employability Skills and Employment Grant Writing/ Grant research
Please indicate days availab	ble: Mon Tues Wed Thur Fri
Times available: From Any physical limitations?	to



Why do you want to volunteer?

Please describe any previous volunteer work that you have done.

What is your passion?

As a volunteer of You Deserve It Mentoring Inc. 4 Teens, I agree to abide by the policies and procedures. I understand that I will be volunteering at my own risk and that You Deserve It Mentoring, Inc. 4 Teens, its employees and affiliates, cannot assume any responsibility for any liability for any accident, injury or health problem which may arise from any volunteer work I perform for You Deserve It Mentoring, Inc. 4 Teens, I agree that all the work I do is on a volunteer basis and I am not eligible to receive any monetary payment or reward.

Signature:Da	ite:
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