



Capital City Youth Services

Volunteer Application

Please Print.

Name _____
(Last)
(First)
(Middle Initial)

Address _____

City _____ State _____ Zip _____

Date of Birth: ____/____/____ Phone (____) _____

Email _____ DO NOT send me emails about volunteer opportunities/updates

Gender: Male Female Education (Highest Level completed): _____

Are you with a community/school organization? Yes No

 If so, list organization name: _____

List any current and previous volunteer work:

How long are you willing to commit to volunteering? One Time 1-3 months 3-6 months 6+ months

Would you like to volunteer at:

- Family Place (Administration/Special Events)
- SPE (Youth Shelter)
- TLP (Transitional Living)
- Going Places Street Outreach

Volunteer Availability (Please check a box for available times)

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
8am-12pm							
4pm – 6pm							
6pm – 8pm							

**** 8am – 12pm Monday – Friday availability is ONLY for Family Place volunteering**
****8am – 12pm Saturday & Sunday availability is ONLY for SPE volunteering**
**** 8am-10pm Monday-Friday and 8am – 10pm Saturday & Sunday availability is ONLY for TLP volunteering**
**** 10am – 5pm Monday, Wednesday and Friday availability ONLY for Going Places Drop In Center**

What are your reasons for wanting to volunteer at CCYS?

What would you like to do while volunteering at CCYS?

- Administrative Tasks
- Organizing
- Cleaning
- Baking/Cooking sessions
- Public Speaking
- Art & Crafts projects
- Painting projects
- Beauty & Grooming
- Workout sessions (Exercise/dance)
- Sports Activities Sport: _____
- Teaching/Tutoring Subject: _____
- Special Events
- The Tally Awards Committee Committee Interest: _____
- Provide meals (TLP, SPE, or Going Places Drop In Center) Program: _____
- Going Places Guerilla Outreach
- Other: _____

Volunteer Signature _____ Date _____

ALL volunteers must complete the agency volunteer orientation offered once a month at CCYS.

ALL volunteers will undergo a Local Law Check.

ALL volunteers contributing 10+ hours per month must complete full background check. Volunteer is responsible for covering the cost.

We do **NOT** accept court mandated community service volunteers.

Interviewed by _____ <input type="checkbox"/> Approved <input type="checkbox"/> Denied
Reason for denial _____
Supervisor signature _____ Date ____/____/____
Program Director signature _____ Date ____/____/____