



GUIDANCE | SHELTER | SUPPORT

Volunteer Application

Applicant Information

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Phone: _____ Email _____

Gender: _____ Education (Highest Completed): _____

Are you with a community/ school organization? YES NO

If yes, list organization: _____

List any current or previous volunteer work: _____

Availability

Please check all available times below.

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
8AM-12AM							
4PM-6PM							
6PM-8PM							

Area of Interest

Please rank area of interest from highest to lowest, beginning with number one.

Rank Area of Interest

_____ Administration

_____ Event and Fundraising Support

_____ Program Support (Going Places Street Outreach, SNAP, Safe Place,)

Previous Volunteer Experience

Company/ Organization: _____

Phone: _____

What are your reasons for volunteering with
CCYS:

What would you like to do while volunteering at CCYS? Check all that apply

_____ Administrative Tasks

_____ Organizing

_____ Cleaning

_____ Public Speaking

_____ Special Projects with youth

_____ Teaching/ Tutoring

_____ Sleep Out Committee

_____ Breakfast Outreach

_____ Provide Meals (TLP, SPE or Going Places)

_____ Safe Place Outreach

_____ Youth Advisory Committee Programming

_____ Campus Representation (FAMU,FSU,TCC)

_____ Tally Awards Committee

_____ OTHER:

If other, please specify:

Volunteer Signature

Date

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

ALL Volunteers will undergo local law check.

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

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