

# HIGHER GROUND YOUTH & FAMILY SERVICES VOLUNTEER APPLICATION

**Adults must provide a copy of a valid government issued photo ID to complete this application**



Name: \_\_\_\_\_ Date: \_\_\_\_\_  
(LAST) (FIRST) (M.I.)

Address: \_\_\_\_\_  
(STREET) (UNIT #) (CITY) (STATE) (ZIP)

Date of Birth: \_\_\_\_\_ Gender: \_\_\_\_\_ Email: \_\_\_\_\_

Applicant Contact Information: Home (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Cell (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_

Are you a student in High School \_\_\_\_\_ College \_\_\_\_\_ Name of School: \_\_\_\_\_

Are you volunteering as part of a class/school requirement? \_\_\_\_\_ Class name, instructor, and hour requirement: \_\_\_\_\_

Special professional training, skills, hobbies: \_\_\_\_\_

Community affiliations (Clubs, Service Organizations, etc.): \_\_\_\_\_

Previous volunteer experience: \_\_\_\_\_

Special Certification (CPR, Medical, etc.): \_\_\_\_\_

How did you hear about our program? \_\_\_\_\_

Please list one reference who knows you personally:

Reference Name: \_\_\_\_\_ Phone: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

## EMERGENCY CONTACTS:

Name: \_\_\_\_\_ Phone: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Relationship: \_\_\_\_\_

**Which of the following activities do you feel you could lead? (X all that apply):**

Baseball \_\_\_\_\_ Softball \_\_\_\_\_ Basketball \_\_\_\_\_ Soccer \_\_\_\_\_ Football \_\_\_\_\_ Volleyball \_\_\_\_\_ STEM \_\_\_\_\_

Cheer \_\_\_\_\_ Dance \_\_\_\_\_ Cooking \_\_\_\_\_ Music \_\_\_\_\_ Art \_\_\_\_\_ Martial Arts \_\_\_\_\_

Other: \_\_\_\_\_

