

PSKS Volunteer Application

Date: _____ - _____ - _____

Full Name: _____ Age: _____

(PLEASE PRINT YOUR FULL NAME)

Street Address: _____

City: _____ State: _____ Zip: _____ - _____

E-mail Address: _____

Phone Number

Home: _____ - _____ - _____

Work: _____ - _____ - _____

Cell: _____ - _____ - _____

Date of Birth: _____ - _____ - _____

Social Security: _____ - _____ - _____

Signature: _____

All the information will be used for internal office records. By providing your social security number and signature, you agree to have a criminal history background check. Having a record will not automatically disbar you from being a part of our organization. We will meet on a case by case basis to determine eligibility in such cases. If you fail to provide all the information requested, you will not be considered for a volunteer position.

Why are you volunteering? What are you expecting to do for us? What are you expecting in return?

Are you comfortable working in an unstructured, often chaotic environment?

Yes or No

Are you comfortable with open conversations about drugs, sex and cursing?

Yes or No

Please circle what you would you be willing to do:

1. Clean
2. Organize
3. Do paperwork, stuff envelopes
4. Data entry
5. Motivate the kids on new projects
6. Come up with new projects
7. Help with fundraising

Please write in anything else you would be interested in:

Do you have any exceptional artistic, mathematic, scientific, job specific, motivational, organizational skills? (Please explain)

Do you have a meal handlers' card? **Yes** or **No**

If so, what is the expiration date: _____ - _____

Do you have a CPR/First Aid card? **Yes** or **No**

If so, what is the expiration date: _____ - _____

Which of our programs would you like to help with?

HYPE, RISK, Stepping Stones, Arts Initiative, LEAP, SKIP, CHHEW, BYTE