



155 WYN Way • Boone, NC 28607
(828) 264-5174 • Fax (828) 264-0838
westernyouthnetwork.org

VOLUNTEER APPLICATION

Name: _____
Phone:(H) _____ (C) _____
Email: _____
Address _____ City _____ Zip _____
SS# _____ DOB _____

Have you ever been convicted of a misdemeanor or felony, including traffic offenses? If yes, list location & date: _____

Emergency Contact: _____

How did you find out about us? _____

How long have you lived in this county? _____

List previous address if you have lived at current address less than two years:

Some sites are located 8-10 miles outside of town. You must provide your own transportation. Are you willing to do so? YES NO

Why are you interested in volunteering? _____

What days are you available?

___Monday ___Tuesday ___Wednesday ___Thursday ___Friday ___Weekends

Please list any experience you have in working with young people and include approximate dates of experience: _____

List any other volunteer experiences: _____

What are your hobbies, skills, special talents, interests, etc? _____

Please mark any of the following that you are interested in contributing to the program:

___ Mentoring a Youth ___ Tutoring ___ Fundraising ___ Teaching a skill

___ Special Events ___ Administrative ___ Other _____

___ Professional Services (dental, medical, legal, etc.) Please specify: _____

Education (Indicate schools, majors, degrees, etc) _____

Are these volunteer hours required for a specific college course? YES NO

If YES, class name: _____

Professor/ Instructor: _____

Day-Time Contact number: _____

What are the expectations for the course work related to the experience? _____

Approximate number of hours needed: _____

List references (2 for tutoring, 4 for mentoring; none of which are related to you) who you have known you for at least 1 year. One must be your employer. Please include COMPLETE mailing addresses.

1. Name _____

Address _____ City _____

State _____ Zip _____

Home Phone (____) _____ Work Phone (____) _____

2. Name _____

Address _____ City _____

State _____ Zip _____

Home Phone (____) _____ Work Phone (____) _____

3. Name _____
Address _____ City _____
State _____ Zip _____
Home Phone (____) _____ Work Phone (____) _____

4. Name _____
Address _____ City _____
State _____ Zip _____
Home Phone (____) _____ Work Phone (____) _____

If you have done volunteer work with young people prior to this time, please list your supervisor(s) from that experience.

1. Name _____
Address _____ City _____
State _____ Zip _____
Home Phone (____) _____ Work Phone (____) _____

2. Name _____
Address _____ City _____
State _____ Zip _____
Home Phone (____) _____ Work Phone (____) _____

Employer _____ Your Position _____
Phone (____) _____ Hours _____ May we call you at work? _____
NCDL# _____ Expir. Date _____
Auto Insurance Carrier: _____
Insurance Expiration Date _____
Family Status: ___ Single ___ Married ___ Widowed ___ Divorced ___ Separated
Spouse's Name _____
Names and ages of children in home _____

Do you take illegal drugs? _____ Do you have any history of excessive use of any drugs (over the counter, prescription, and/or alcohol)? _____
Have you ever been in treatment (for alcohol or drug use or emotional problems)? If so, when?

I certify that all information on this application is true. I understand that any false statements or withheld information on my part will be reason to disqualify me from serving as a volunteer. I also hereby give my permission for WYN to produce or utilize any media including: photographs, films, visual recordings, or written accounts of statements for the use of any or all activities authorized by Watauga Youth Network. I give my permission to the director of this program to contact the references I have listed. I also understand that there will be a criminal background check done to protect the program and the children. I also authorize the director to inquire about my qualifications from other people or organizations deemed appropriate. I understand and agree that, in the event one of the references provided by me above, recommends against my being a volunteer for this agency, I may be disqualified to be a WYN volunteer.

Signature _____ Date _____

MENTORS ONLY:

Please mark any of the following that you feel may prevent you from fulfilling the required time commitment of 2 hours a week for one year: ___ Employment ___ Extend Trips ___ School ___ other (please indicate)

WYN STAFF USE ONLY

____ Volunteer has attended a Training and has complete background check
____ Volunteer has completed application but will not be working directly with consumers