

SAFETY CITY TEEN VOLUNTEER APPLICATION

Date of Application: _____

Name: _____ Date of Birth: _____

Address: _____ Phone #: _____

School Attending in Fall: _____ Grade: _____ Age: _____

Are you a former Safety City participant? (circle one) **YES** **NO** Dates: _____

Are you a former Safety City volunteer? (circle one) **YES** **NO** Dates: _____

If so, what did you enjoy the most about your experiences?: _____

Please list your special interests e.g. school, church, sports, etc. in which you have or currently participate: _____

Parents/Legal Guardians Names: _____

Address (if different than yours): _____

Phone # (if different than yours): _____ Work Phone #: _____

Parents/Legal Guardians Email: _____

Name/s and Age/s of Siblings: _____

References (2 adults e.g. teachers, someone you baby-sit for, pastors, coaches):

Name/Relationship/Phone #: _____

Name/Relationship/Phone #: _____

Preferred Volunteer Session (circle one): **AM** **PM** **BOTH** (all day)

Please explain why you want to volunteer as an assistant with the Safety City Program:

(may continue on back if more space is needed)

T-Shirt Size (circle one): **Youth** **S** **M** **L** **Adult** **S** **M** **L** **XL** **XXL**

Reviewed By: _____ Outcome: **A** **NA**