



# Youth As Resources

## VOLUNTEER APPLICATION FORM

(Confidential Information)

NAME \_\_\_\_\_ AGE \_\_\_\_\_ DOB \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

PHONE # \_\_\_\_\_ E-MAIL \_\_\_\_\_

SCHOOL YOU ATTEND \_\_\_\_\_ GRADE \_\_\_\_\_

REFERRED BY \_\_\_\_\_

SCHOOL OR COMMUNITY ACTIVITIES \_\_\_\_\_

How do you foresee the YAR program being beneficial to the community? \_\_\_\_\_

How do you foresee your involvement in this program being beneficial to you personally? \_\_\_\_\_

In what ways do you feel that empowered youth can make a difference or improve the community in which we live? \_\_\_\_\_

What types of service projects would you like to see submitted to the YAR board? \_\_\_\_\_

I am agreeing to serve on the Wells County Youth As Resources board. I understand there will be monthly meetings and occasional training opportunities involved in this commitment as a board member. I will make every effort to participate and make decisions based on the best interest and general welfare of the community. PARENT: I permit photographs, etc of my daughter/son participating in Youth As Resources activities to be used for general promotional purposes for YAR and/or FCS.

VOLUNTEER SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

PARENT/GUARDIAN SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

Please return to me at your earliest convenience

If you have further questions, please contact Angie Dial

**YOUTH AS RESOURCES**  
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