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 Shelly Mossburg

YOUTH AS RESOURCES
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