

VOLUNTEER APPLICATION

Name:Address:			Date:		
			DOB:		
City/Town:			Zip:		
Phone:					
Email:					
Preferred Method of Contact:	Call Text Er	mail			
Highest Education Received:	9 10 11 12	Diploma		GED	College
Military Background: Active	Retired Ra	ank:			
Occupation:					
Employer:					
Medical: Please list any medica	l professionals we	might need t	o call in	an emer	gency.
PCP:			Phone:		
Specialists:			Phone: _		
Emergency Contact:			Phone:		
Please list any medical or perso					
lease describe any previous or c nat PYAP should know about. Ex					
, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	ng Tutoring Driv rative Duties Ev	-	elivery	Social M	1edia

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Mentoring:
Student Age/Grade Preference: K-2 3-56-8 9-10
Gender Preference: Female Male Other:
Please explain your interests and abilities. Use the back of this page or an additional page, if needed.
Beneficial Values and Character Skills:
Passion for:
Special Interests:
Talents:
Hobbies:
Special Abilities:
What will make you a good mentor/tutor/volunteer?
Anything additional you want us to know about you:

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As you may well know, **Plainfield** is a unique and diverse community across numerous categories and a community that cares deeply about the welfare of all residents and the community as a whole. The Plainfield Youth Assistance Program was created to make certain that equality in resources, resource accessibility, education, opportunities, community support, and stable and healthy development is available to all Plainfield Youth and all Plainfield families. Thank you for wanting to keep our youth safe and stable and our community healthy.

Criminal Background Checks: We will be using Safe-Hiring for Expanded Background Checks and an additional DCS Check as well. Please send me your application and use the following link to complete the background check. https://secure.safehiringsolutions.com/app.cfm?id=0757363F-649D-44F9-9ED7-316AB961E0C4 Follow the directions, enter your email, etc. and they will send you a code to get in. Please complete both the Expanded and DCS Background Checks. I will contact you when all information has been received. Thank you!

Print Name

date

Signature

Thank you for your interest in the Plainfield Youth Assistance Program. We look forward to serving with you.

> Please email Applications to Staci Hovermale, Director <u>Staci@plainfieldyouthassistance.org</u> Or Nettsie Banning, Volunteer Coordinator <u>netzbanning@gmail.com</u>