



COMMUNITY PARTNERSHIP FOR YOUTH

775 Kimball Street Suite 101

Seaside, CA 93955

(831) 394-4279 respect@cpy.org cpy.org Facebook.com/CPY4kids

VOLUNTEER APPLICATION

All information in this document is confidential.

Please print.

Name/Last _____ First _____ Middle _____
(Use legal name)

Address _____ Apt. # _____

City _____ State _____ Zip _____

Home Phone (_____) _____ Work Phone (_____) _____ Email _____

Male / Female _____ Date of Birth _____ Physical Limitations _____
(Circle One) (Month/Day) (Be specific; if none, write none)

VOLUNTEER EXPERIENCE

Interests, Skills, Hobbies _____

Clubs, Organizations you belong to _____

Education (highest level) _____ Name of School _____

Have you volunteered before? Yes ☐ No ☐ Position _____

Describe the work _____

Agency _____ Address _____

Phone (_____) _____ May we contact the Agency? Yes ☐ No ☐

Your availability:

Hours per week/month _____ Preferred Days _____
(specify)

EMPLOYMENT HISTORY

Name of current employer _____ Phon (_____) _____

Address _____ Date Employment Began _____

Name of Supervisor _____ Job Title _____

REFERENCES (Personal or professional; not a relative)

Name _____ Relationship _____ Phone () _____

Address _____

Name _____ Relationship _____ Phone () _____

Address _____

IN CASE OF EMERGENCY, PLEASE NOTIFY

1) Name _____ Relationship _____ Day Phone () _____

1) Name _____ Relationship _____ Day Phone () _____

PARENTAL CONSENT (To be completed if applicant is under 18 years of age)

I give my consent for my child, named on page one of this application, to provide volunteer services to Community Partnership for Youth I also give Community Partnership for Youth my consent to obtain any emergency medical treatment necessary for the safety of my child.

Signature of Parent/Guardian _____ Date _____

Printed name of Parent/Guardian _____

CRIMINAL HISTORY

Have you ever been convicted of a misdemeanor or felony, or are any misdemeanor or felony charges pending against you? Yes _____ No _____ If yes, please explain below. (Note: Answering yes will **not** automatically prohibit individuals from becoming volunteers, but will be considered with respect to time, circumstances, seriousness and relationship to volunteer responsibilities.

My signature below certifies that all statements made on this application are true, complete and correct to the best of my knowledge and belief. I understand these statements are subject to verification. I understand that falsification on this application can disqualify me from consideration or result in my volunteer services being denied. Furthermore, my signature below provides my authorization to Community Partnership for Youth to conduct driver license and motor vehicle record checks as needed, as well as reference checks to determine my suitability for placement.

I hereby release all parties from any liability for furnishing this information.

Signature of Applicant _____ Date _____

Community Partnership for Youth acknowledges that equal opportunity for all persons is a fundamental human value. Each volunteer applicant will be considered on the basis of individual ability and merit, without regard to race, color, age, religion, national origin, disability, sexual orientation, sex, or marital status.