

Volunteer Interest Application

Mission: To enrich the lives of children by engaging them through structured and supervised recreational, enrichment, and leisure activities to support youth development.

PLEASE FILL OUT THE APPLICATION WITH BLUE OR BLACK INK ONLY

Youth Information:

First Name: _____ Middle: _____ Last: _____

Street Address: _____

City: _____ State: _____ Zip code: _____

Home Phone: _____ Cell Phone: _____

Email Address: _____ Grade: (circle one): 6th 7th 8th 9th 10th 11th

Current School: _____

Birth Date (Month/Date/Year): _____ Current Age: _____

Parent/Guardian Information

Parent Name: _____

Parent Cell Phone: _____ Parent Home Phone (If different from Above): _____

Parent Street Address (if different from above): _____

Parent Email Address: _____

Emergency Information

Emergency Contact Name: _____ Emergency Contact Cell Phone: _____

Emergency Contact Home Phone (If different from Above): _____

Emergency Contact Email Address: _____

I understand that this application is for the sole purpose of expressing my interest in the Summer Volunteer program.

Youth Initials

Date

Applicant Profile

How did you hear about the Volunteen Program?

Why are you interested in volunteering?

What do you hope to gain from this experience?

Please list any qualities and/or special skills you can bring to our programs.

What types of extracurricular activities are you involved in (including work)?

Signatures:

Applicant Signature: _____

Parent Signature: _____

If you have any questions, please contact us at OSTVolunteers@vbgov.com or 757-385-0451. Forms must be emailed to OSTVolunteers@vbgov.com or faxed to 757-471-2330 – Attention Volunteen program, by May 15, 2020.