



Benevilla™
Cultivating Caring Communities

YOUTH VOLUNTEER APPLICATION

LAST NAME FIRST NAME M.I. NICKNAME

STREET ADDRESS CITY STATE ZIP CODE

PHONE CELL EMAIL

DATE OF BIRTH: _____ SSN# _____
MONTH/DAY/YEAR

(Age 16 and over) DRIVERS LICENCE # _____ EXP. DATE _____

Please provide two emergency contacts:

EMERGENCY CONTACT ADDRESS PHONE

EMERGENCY CONTACT ADDRESS PHONE

NAME OF SCHOOL YOU ATTEND: _____

Why do you want to volunteer with Benevilla Community? _____

Have you volunteered anywhere before? _____ Yes _____ No

If yes, please list:

Please list any clubs, organizations, athletic groups, or school groups to which you belong:

What are your hobbies?

What are your special talents, interests, and skills? (Musical, arts and crafts, science, etc.)

Personal References: For youth age 13 and older, we request three personal references, if possible from anyone other than a relative. (Examples; youth group leader, coach, teacher, clergy, scout leader, parent of closest friend)

Name/Relationship	Phone (with area code)	City/State
1)	<hr/>	
2)	<hr/>	
3)	<hr/>	

Your Signature

Date

Parent's Signature

Date

Benevilla Staff/Supervisor Signature

Date

PARENTAL CONSENT FORM FOR YOUTH VOLUNTEERS

Last Name First Name M.I. Nickname Date

Street Address City State Zip Code

Phone Cell E-Mail

Spouse Name Phone Cell

Parental Acknowledgement and Approval:

I have read the volunteer policies and procedures in the Volunteer Manual. I understand that Benevilla will not be providing transportation to and from the volunteer location. I have read the Volunteer Position Description for the volunteer assignment and have reviewed the volunteer application. I understand that Youth Volunteers are with a Supervisor at all times.

I give my permission for (Name(s) of child/children) to volunteer with Benevilla

Parent/Legal Guardian Date

Benevilla Supervisor Date