



safety support awareness

Interact Youth Volunteer Application

(For Youth Under 18)

First Name	Middle Initial	Last Name	
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Home Phone	Work Phone	Email Address	
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Street Address	City	State	Zip
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Birthday (Month/Day/Year)	Social Security Number
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Place of Employment	Job Title	Supervisor
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Education

School _____ Grade: _____

High School Diploma/GED Received? ___Yes ___No If yes, date received: _____

Commitment

If you are required to do community service for your school, please list the number of hours. _____

Are you able to commit to volunteering with Interact for at least 90 days?

Yes ___ No ___

Please indicate the times you are available and prefer to do volunteer work:

Morning Afternoon Evening Weekend



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More About You

Please explain briefly your reasons for wanting to volunteer with Interact at this time:

What skills/qualities/experience will you bring to Interact as a volunteer?

Please list any other volunteer organizations or activities you have participated in and length of service:

Emergency Contact

Name _____ Phone #: _____
Home/Cell Work

Relationship _____

**Thank you for completing Interact's Volunteer Application!
Please sign and date the application below.**

Signature

Date

If you are under the age of 18 and would like to volunteer, parental consent is required. Please have a parent or guardian sign below, giving their permission for you to be a volunteer at Interact.

Parent/ Guardian Signature

Date