



# VOLUNTEER APPLICATION

DATE: \_\_\_\_\_

## PERSONAL INFORMATION

FULL LEGAL NAME: \_\_\_\_\_

BIRTH DATE: \_\_\_\_\_ GENDER: M F

HOME ADDRESS: \_\_\_\_\_

PHONE #: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

BEST WAY TO CONTACT YOU:  TEXT  CALL  EMAIL  OTHER

BEST TIME TO CONTACT YOU: \_\_\_\_\_

DO YOU HAVE ANY EDUCATION, TRAININGS, OR CERTIFICATIONS THAT YOU CAN USE AT TEEN HAVEN?

ARE THERE LANGUAGES (OTHER THAN ENGLISH) THAT YOU SPEAK/UNDERSTAND?

HAVE YOU EVER STAYED AT WATER STREET MISSION? Y N

HAVE YOU BEEN CONVICTED OF AN OFFENSE THAT WOULD PROHIBIT YOU FROM VOLUNTEERING WITH MINORS? Y N

# BACKGROUND & INTEREST

## HOW DID YOU HEAR ABOUT VOLUNTEERING AT TEEN HAVEN? (CHECK ONE)

- ANOTHER VOLUNTEER       ONLINE (WHERE, SPECIFICALLY?)  
 CHURCH       OTHER (PLEASE NOTE)

## HAVE YOU VOLUNTEERED WITH TEEN HAVEN OR WATER STREET MISSION BEFORE?

IF YES, PLEASE LET US KNOW WHICH AREA(S) YOU'VE SERVED IN

## WHY ARE YOU INTERESTED IN WORKING WITH YOUTH?

## WHAT PAST EXPERIENCES HAVE YOU HAD WORKING WITH YOUTH?

## HOW OFTEN WOULD YOU LIKE TO VOLUNTEER?

- WEEKLY       MONTHLY       OTHER (PLEASE SPECIFY)

## WHAT IS YOUR AVAILABILITY?

- MONDAYS (AM)       TUESDAYS (PM)       WEDNESDAYS (PM)  
 THURSDAYS (PM)       FRIDAYS (AM)       SATURDAYS (AM)

## REFERENCES

	<u>NAME</u>	<u>PHONE</u>	<u>RELATIONSHIP TO YOU</u>
REFERENCE #1	_____	_____	_____
REFERENCE #2	_____	_____	_____
REFERENCE #3	_____	_____	_____

We appreciate your desire to volunteer with Teen Haven! Please submit your completed application to the Teen Haven Office. If you have not heard from Teen Haven within 2 weeks of submitting your application, please feel free to email Ambria Brown at [abrownnews.org](mailto:abrownnews.org).

**Mail to: Teen Haven - 210 S. Prince St. - Lancaster, PA 17603**