



Motivating Youth to Succeed
啟導青年 邁步向前

COMMUNITY YOUTH CENTER VOLUNTEER APPLICATION

Thank you for your interest in becoming a volunteer for CYC (Community Youth Center). CYC follows a policy of Equal Employment Opportunity, and does not discriminate against any applicant or employee on the basis of race, age, religion, gender, marital status, national origin, citizenship, ancestry, physical or mental disability, veteran status, sexual orientation, or any other basis recognized by federal, state or local law.

PERSONAL BACKGROUND

Name _____ Social Security No. _____
Last First Middle

Have you ever used another name? _____ If so, please explain _____

Present Address _____
Street City State Zip Code

Phone Number _____ How did you know about CYC? _____

Please provide your addresses for the last five years:

Date Street City State Zip Code

Date Street City State Zip Code

Date Street City State Zip Code

Emergency contact: _____ Phone number: _____

Do you currently have a valid driver's license? _____ If yes, State and Number _____

Are you under age 18? _____ If so, do you have your parent or guardian's permission to apply for this position? _____

Will you be able, with or without reasonable accommodation, to perform the functions of the job for which you are applying? _____ Please explain any accommodations which will be necessary _____

(Any job offer made may be made contingent on the results of a job-related physical examination.)

Do you currently use any prescription or other medications which could affect your ability to work safely? _____ If yes, please explain _____

Do you currently use any illegal drugs? _____ Have you done so within the last six months? _____
If yes, please explain

(Please note that because of inherent safety concerns, CYC follows a strict policy of intolerance of drug use in the workplace.)

Availability:

Monday Tuesday Wednesday Thursday Friday Saturday Sunday

Hours: _____

Have you ever applied to CYC before? _____ When? _____

Language proficiencies: _____

Special skills: _____

What are your areas of interest in working at CYC?

Educational

- Individual Tutoring
- Group Study Hall
- Counseling
- Employment

Recreational

- After School Recreation
- Sports
- Drama
- Arts & Crafts/Music

Administrative

- General Clerical Duties
- Special Events Assistance
- Other

Are there any areas in which you are interested in receiving training? _____

EDUCATIONAL BACKGROUND

High School

Name and location of school

Highest grade completed

College

Name and location of school

Years completed

Major area of study

WORK EXPERIENCE

Please list your last three employers or positions, beginning with the present or most recent.

1. _____
Dates Name, Address and Phone Number

2. _____
Dates Name, Address and Phone Number

3. _____
Dates Name, Address and Phone Number

REFERENCES

Please give the names of three additional persons whom we may call as references. They should not be related to you.

- 1. _____
Name and Position or Relationship Phone Number
- 2. _____
Name and Position or Relationship Phone Number
- 3. _____
Name and Position or Relationship Phone Number

APPLICANT CERTIFICATION — PLEASE READ CAREFULLY

I acknowledge that I am applying to become a volunteer with CYC. This position is unpaid, and is not eligible for any employee benefits.

I understand that this application is not a contract, offer or promise of employment, and that employment with CYC is **at-will**, which means it can be terminated at any time, with or without cause, by either myself or CYC.

I further understand that all volunteers are responsible for being familiar with the policies of CYC, and that CYC has complete discretion to modify its policies, rules and regulations at any time, to the extent permitted by applicable laws.

I certify that the information I have provided above is true, complete and accurate to the best of my knowledge. I understand that any falsification, misrepresentation or omission of information on this form, relating to my application or during the time I am volunteering, may result in the denial of my application or my immediate termination by CYC.

I hereby authorize CYC, or its agents, to confirm all statements contained in this application, to the extent permitted by applicable law, and I agree to complete any required authorization forms. I release all parties from liability arising out of the provision and use of such information.

Applicant's Signature _____ Date: _____