

Volunteer Application

Date: _____

First Name: _____ Middle: _____ Last: _____

Street Address _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____ Email: _____

Preferred Method of Contact: Call Text Email

Date of Birth _____

Do you have a driver's license? Yes No Insured Vehicle? Yes No

Why are you interested in volunteering with The Connect Center??

Check () the times that are you available to volunteer

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Morning							
Afternoon							
Evening							

Notes: Notes:

What are your areas of interest? Check (☑) all that apply.

- Youth Connections Drop-In Center Volunteer
- Participate in events (provide activities or entertainment, help with set up, serve food)
- Lead a class for clients in the areas of your expertise
- Provide child care during community events, workshops, and support groups
- Mentor a family
- Provide transportation for clients searching for jobs and/or housing
- Provide child care while clients are job searching or going out for interviews
- Help clients with cover letters and resumes
- Help with one-time volunteer projects such as a back-to-school supplies drive
- Mentorship and Homework Help Tutors for K-12 students
- Data entry, office, and clerical help
- Community relations—help build strong community connections
- Help with fundraising
- Supportive Housing Program Committee
- Help with Writing our Stories Workshops
- Scrapbooking workshops
- Music instruction
- Photography
- Youth activities
- Healthy cooking classes
- Sewing

Notes:
