

**Emily Gibson**  
**Life Enrichment Coordinator**  
**815-877-1441 x 1335**

**YOUTH VOLUNTEER APPLICATION**  
**(14 – 18 years of age)**  
**PLEASE PRINT ALL INFORMATION CLEARLY!**

DATE \_\_\_\_\_ BIRTHDAY (month/day/year) \_\_\_\_\_

NAME \_\_\_\_\_ Home Phone \_\_\_\_\_

Work Phone \_\_\_\_\_ Cell \_\_\_\_\_

Street Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_

Email Address \_\_\_\_\_

Have you ever been convicted of a crime other than minor traffic violations? \_\_\_\_\_ YES \_\_\_\_\_ NO

If yes, please describe in full \_\_\_\_\_  
*(NOTE: A "yes" does not necessarily disqualify you from consideration. The nature of the offense, date, surrounding circumstances and the relevance to the assignments will be considered.) A criminal background investigation will be conducted on all non-resident volunteer applications.*

**TELL US ABOUT YOURSELF**

Education Completed \_\_\_\_\_ Current School (if a student) \_\_\_\_\_

Current Employer \_\_\_\_\_ Supervisor's Name \_\_\_\_\_

Employer City/State \_\_\_\_\_ Position \_\_\_\_\_

Community Affiliations (i.e. social, school, church, etc.) \_\_\_\_\_

Hobbies, special skills or interests: \_\_\_\_\_

Previous volunteer experience \_\_\_\_\_

Were you ever a volunteer with us before? \_\_\_\_\_ YES \_\_\_\_\_ NO If yes, please describe: \_\_\_\_\_

How did you learn about Fairhaven? \_\_\_\_\_

Reasons for becoming a Volunteer \_\_\_\_\_

If you are volunteering to meet service hours for school, please provide your teacher's name and email address.

\_\_\_\_\_  
Teacher's Name

\_\_\_\_\_  
Teacher's Email Address

**TIME PREFERENCES**

Days you are available (please circle): Mon Tue Wed Thur Fri Sat Sun

Hours you are available: \_\_\_\_\_ AM \_\_\_\_\_ PM

**VOLUNTEER ACTIVITY PREFERENCES (check all that apply)**

- \_\_\_\_\_ assist at special events or projects
- \_\_\_\_\_ play a musical instrument (name instrument \_\_\_\_\_)
- \_\_\_\_\_ sing or assist with sing-a-longs
- \_\_\_\_\_ help with group activities
- \_\_\_\_\_ help with arts and crafts
- \_\_\_\_\_ help do resident's nails and hand massage
- \_\_\_\_\_ help hand out Bingo cards and prizes. Help residents find numbers on their boards

**LIST 2 PERSONAL REFERENCES – NOT RELATED OR LIVING IN SAME HOME – 21 YRS OR OLDER:**

Name \_\_\_\_\_  
Address \_\_\_\_\_  
City/State/Zip \_\_\_\_\_  
Telephone \_\_\_\_\_

Name \_\_\_\_\_  
Address \_\_\_\_\_  
City/State/Zip \_\_\_\_\_  
Telephone \_\_\_\_\_

I certify that the facts contained in this application are true and complete to the best of my knowledge. I hereby authorize Fairhaven (or its agent) to thoroughly investigate my background, education, references and/or employment or school record. I understand that I am applying for unpaid work as a volunteer with no expectation of compensation and that this application is not a contract or an offer of a volunteer position or employment with Fairhaven Christian Retirement Center.

I hereby give my permission for my daughter/son to have a series of Tuberculosis Skin Test done. I understand that there is no charge for this service.

\_\_\_\_\_  
VOLUNTEER SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SIGNATURE OF PARENT OR GUARDIAN

\_\_\_\_\_  
DATE

\_\_\_\_\_  
PARENT OR GUARDIAN EMAIL ADDRESS