

**OFFICE USE ONLY**

**Application Received:** \_\_\_\_\_  
**Entered into database:** \_\_\_\_\_



## Teen Volunteer Application

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### Teen Contact Information

Name	
Street Address	
City, State ZIP Code	
Home Phone	
Work Phone	
E-Mail Address	

### Availability

During which hours are you available for volunteer assignments?

- |   |   |
|---|---|
| <input type="checkbox"/> Weekday mornings   | <input type="checkbox"/> Weekend mornings   |
| <input type="checkbox"/> Weekday afternoons | <input type="checkbox"/> Weekend afternoons |
| <input type="checkbox"/> Weekday evenings   | <input type="checkbox"/> Weekend evenings   |

### Interests

Tell us in which areas you are interested in volunteering

- Administration
- Events - creating fliers
- Field work
- Fundraising
- Deliveries
- Phone bank
- Newsletter production
- Volunteer coordination
- Packing school bags in your home
- Packing school bags at site
- Mailing invitations
- Data entry

## Interests

List any special skills, interests, hobbies that would be an asset in your volunteer services, i.e., clerical, languages, etc.

## Reason(s) for Volunteer Work: (Check One)

- School (Please provide name of school)
- Church Service (Please provide name of church)
- Community Service / Court Appointed Hours
- Self enrichment

Total Number of Hours Needed: \_\_\_\_\_

Hours to be Completed By: \_\_\_\_\_

Is Service Certificate Needed: Yes / No                      If yes, by when? \_\_\_\_\_

## Teen Volunteer Pledge

I pledge to:

- Conduct myself with dignity and courtesy at all times;
- Work harmoniously with others, using tact, understanding and compassion;
- Treat all information concerning our clients as confidential;
- Be dependable in attendance, punctuality and performance of duties, arriving at least 1 hour before the start time of event;
- Maintain a neat and clean professional appearance, keeping make-up and jewelry to a minimum.
- Perform my volunteer assignments without compensation.

I certify that I am at least 12 years of age.

If for any reason it is determined that I am acting inappropriately, I may be given up to three verbal warnings. If my behavior does not immediately improve at that time, I may be asked to leave the program and volunteer credit may be revoked immediately.

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Teen Signature

Date

## Person to Notify in Case of Emergency

Name	
Street Address	
City, State ZIP Code	
Home Phone	
Work Phone	
E-Mail Address	

## Parental / Guardian Consent

I understand that my teen is interested in volunteering with Women with Voices Charity. I understand that certain roles may require transportation, and agree to provide this support, if needed. My signature indicates my willingness to support my teen in his / her volunteer role(s).

Parent / Guardian Printed Name	
Parental / Guardian Signature	
Date	

## Our Policy

It is the policy of this organization to provide equal opportunities without regard to race, color, religion, national origin, gender, sexual preference, age, or disability.

Thank you for completing this application form and for your interest in volunteering with us.



## PHOTO RELEASE FORM

Subject's name: \_\_\_\_\_

We, \_\_\_\_\_ (name of parents/guardians) of \_\_\_\_\_

(name of minor), hereby give **Women with Voices Charity** and their legal representatives and assigns, the right and permission to publish, without charge, photographs taken

On (Month / Date / Year) \_\_\_\_\_

At (Locations or Event)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_.

These photographs may be used in publications, including electronic publications, or in audiovisual presentations, promotional literature, advertising, or in other similar ways.

CIRCLE ONE: Professional Name of Subjects MAY / MAY NOT be given.

\_\_\_\_\_ (insert professional name)

We hereby warrant that we are over eighteen (18) years of age, and are competent to contract in our own name:

Signature(s): \_\_\_\_\_

\_\_\_\_\_

Name(s) of above (please print): \_\_\_\_\_

Month / Date / Year: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State / Zip Code: \_\_\_\_\_

Primary contact can be contacted at (circle one): work / home / cell

Telephone: \_\_\_\_\_

(Optional) E-mail: \_\_\_\_\_

Photographer: \_\_\_\_\_

*Disclaimer: All above information is held in confident and is never released or sold.*