

YOUTH VOLUNTEER INFORMATION

NAME: _____

HOME PHONE #: _____ CELL PHONE #: _____

DATE OF BIRTH: ____/____/____ GRADE: _____ AGE: _____

ADDRESS: _____

EMAIL: _____

WHAT ARE YOU INTERESTED IN? (CIRCLE ALL THAT APPLY):

SPECIAL EVENTS *SUMMER CAMP* *FOOD PANTRY* *AFTER SCHOOL* *TEEN COUNCIL*

AVAILABILITY:

DATES: _____ DAYS: _____ TIMES: _____

ARE YOU INTERESTED IN PARTICIPATING IN THE MLK YOUTH SERVICE DAY IN JANUARY?

____ YES ____ NO ____ MAYBE

EMERGENCY CONTACT INFO

PARENT/GUARDIAN NAME: _____

HOME PHONE #: _____ CELL PHONE #: _____

ADDRESS: _____

EMAIL: _____