

The Starke County Youth Club, Inc.
Volunteer Form

Please print.

First Name: _____ Middle: _____ Last: _____

Home Phone: _____ Date of Birth: _____

Home Address: _____

City : _____ State: _____ Zip Code: _____

Occupation and Employer: _____

Work Phone: _____ E-mail address: _____

List any organizations you belong to:

List any previous work / volunteer experience:

How many hours a week are you interested in volunteering? _____

Is there a specific time of year when you are not available? _____

The Starke County Youth Club has identified these specific areas with need of volunteers. Please circle the positions that most interest you.

Registration Desk Board Games Supervisor Arts & Crafts Field Trip Chaperone Swimming

Cooking Sports Coach Snack Area Reading Partner Homework Help Tutoring

Please list any special skills or interests and how they may be applied to the Club:

Please provide two references that can verify you are a good role model for children.

Name and phone number

Name and phone number

I have read and will follow the operating procedures of SCYC and authorize the Starke County Youth Club to perform a criminal history check and verify that all information provided is correct.

Signed: _____

Date: _____