

Youth, Incorporated Volunteer Application

2843 Melrose Avenue, Cincinnati Ohio 45206 (513) 861-8483



Contact Information

Name	
Street Address	
City, ST, ZIP Code	
Cell Phone	
Home Phone	
E-Mail Address	

Availability - Which day(s) & hours are you available for volunteer assignments?

Indicate which day(s) you are available		Indicate what time(s) you are available
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		
Saturday		
Sunday		

*** Some volunteer positions are virtual and work can be done from home**

Interests

Tell us in which areas you are interested in volunteering

Positions description(s) & Volunteer requirements can be found at www.volunteermatch.com

Clerical Help
 Youth Mentor
 Activity Volunteer

Events Volunteer
 Marketing Volunteer
 Fundraising Volunteer

Special Skills or Qualifications

Summarize special skills and qualifications you have acquired from employment, previous volunteer work, or through other activities, including hobbies or sports.

Provide the Names and phone number of three references

Person to Notify in Case of Emergency

Name	
Address	
Phone	

Requirements for Mentor & Activity Volunteers

- * Be 21 years of age or older * Have a clean medical screen to rule out communicable diseases.
- * Have a BCI and FBI check, Cincinnati Police Check with results that fall within the acceptable category as outlined by the standards set by the Ohio Department of Job and Family Services. These standards must be met unless proof of screenings is within the last 6 months and/or have been met through another employer or entity. * Complete volunteer application * Provide three references to be called.
- * Interns will have a signed written agreement with the placing school identifying the student's role and responsibilities and a description of the minimum qualifications the student must possess as well as a statement outlining the respective supervisory and evaluation responsibilities of the agency and the placing school. The Executive Director will review progress with the intern at least monthly.

The cost of the screening is at the expense of the volunteer or intern. If the volunteer successfully meets the terms of their involvement with Youth, Incorporated, after 6 months they will be reimbursed by the agency for the fees.

I have read the requirements for the Mentor & Activity Volunteer and agree to meet the requirements:

Yes _____

No _____

Agreement and Signature

By submitting this application, I affirm that the facts set forth in it are true and complete. I have read and understand the volunteer requirements for the positions. I understand that if I am accepted as a volunteer, any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal.

Name (printed)	
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.