



155 WYN Way • Boone, NC 28607  
(828) 264-5174 • Fax (828) 264-0838  
westernyouthnetwork.org

**VOLUNTEER APPLICATION**

Name: \_\_\_\_\_  
Phone:(H) \_\_\_\_\_ (C) \_\_\_\_\_  
Email: \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Have you ever been convicted of a misdemeanor or felony, including traffic offenses? If yes, list location & date: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_

How did you find out about us? \_\_\_\_\_

How long have you lived in this county? \_\_\_\_\_

List previous address if you have lived at current address less than two years: \_\_\_\_\_

Some sites are located 8-10 miles outside of town. You must provide your own transportation. Are you willing to do so? YES NO

Why are you interested in volunteering? \_\_\_\_\_

What days are you available?

\_\_Monday \_\_Tuesday \_\_Wednesday \_\_Thursday \_\_Friday \_\_Weekends

Please list any experience you have in working with young people and include approximate dates of experience: \_\_\_\_\_

List any other volunteer experiences: \_\_\_\_\_

What are your hobbies, skills, special talents, interests, etc? \_\_\_\_\_

Please mark any of the following that you are interested in contributing to the program:

\_\_ Mentoring a Youth \_\_ Tutoring \_\_ Fundraising \_\_ Teaching a skill

\_\_ Special Events \_\_ Administrative \_\_ Other \_\_\_\_\_

\_\_ Professional Services (dental, medical, legal, etc.) Please specify: \_\_\_\_\_

Education (Indicate schools, majors, degrees, etc) \_\_\_\_\_

Are these volunteer hours required for a specific college course? YES NO

If YES, class name: \_\_\_\_\_

Professor/ Instructor: \_\_\_\_\_

Day-Time Contact number: \_\_\_\_\_

What are the expectations for the course work related to the experience? \_\_\_\_\_

Approximate number of hours needed: \_\_\_\_\_

List references (2 for tutoring, 4 for mentoring; none of which are related to you) who have known you for at least 1 year. One must be your employer. Please include complete mailing addresses.

1. Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone ( ) \_\_\_\_\_ Work Phone ( ) \_\_\_\_\_

2. Name \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Home Phone ( ) \_\_\_\_\_ Work Phone ( ) \_\_\_\_\_

3. Name \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Home Phone ( ) \_\_\_\_\_ Work Phone ( ) \_\_\_\_\_

4. Name \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Home Phone ( ) \_\_\_\_\_ Work Phone ( ) \_\_\_\_\_

If you have done volunteer work with young people prior to this time, please list your supervisor(s) from that experience.

1. Name \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Home Phone ( ) \_\_\_\_\_ Work Phone ( ) \_\_\_\_\_

2. Name \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Home Phone ( ) \_\_\_\_\_ Work Phone ( ) \_\_\_\_\_

Employer \_\_\_\_\_ Your Position \_\_\_\_\_  
 Phone ( ) \_\_\_\_\_ Hours \_\_\_\_\_ May we call you at work? \_\_\_\_\_  
 SS# \_\_\_\_\_ DOB \_\_\_\_\_ NCDL# \_\_\_\_\_ Expir. Date \_\_\_\_\_  
 Auto Insurance Carrier: \_\_\_\_\_ Insurance Expiration Date \_\_\_\_\_  
 Family Status: \_\_\_ Single \_\_\_ Married \_\_\_ Widowed \_\_\_ Divorced \_\_\_ Separated  
 Spouse's Name \_\_\_\_\_  
 Names and ages of children in home \_\_\_\_\_

Do you take illegal drugs? \_\_\_\_\_ Do you have any history of excessive use of any drugs (over the counter, prescription, and/or alcohol)? \_\_\_\_\_  
 Have you ever been in treatment (for alcohol or drug use or emotional problems)? If so, when?  
 \_\_\_\_\_

I certify that all information on this application is true. I understand that any false statements or withheld information on my part will be reason to disqualify me from serving as a volunteer. I also hereby give my permission for WYN to produce or utilize any media including: photographs, films, visual recordings, or written accounts of statements for the use of any or all activities authorized by Watauga Youth Network. I give my permission to the director of this program to contact the references I have listed. I also understand that there will be a criminal background check done to protect the program and the children. I also authorize the director to inquire about my qualifications from other people or organizations deemed appropriate. I understand and agree that, in the event one of the references provided by me above, recommends against my being a volunteer for this agency, I may be disqualified to be a WYN volunteer.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**MENTORS ONLY:**

Please mark any of the following that you feel may prevent you from fulfilling the required time commitment of 2 hours a week for one year: \_\_\_ Employment \_\_\_ Extend Trips \_\_\_ School \_\_\_ other (please indicate)

**WYN STAFF USE ONLY:**

\_\_\_ Volunteer has attended Level I Training  
 \_\_\_ Volunteer has attended Level II Training and has complete background check  
 \_\_\_ Volunteer has completed application but will not be working directly with consumers