

**Westland Youth Assistance Program
Volunteer Application**

36300 Warren Road * Westland, MI 48185 * Ph (734) 467-7904 * Fax (734) 422-0928

Date: _____

Position Applied for: Volunteer Mentor Intern Other Volunteer

FULL NAME

First: _____ **Middle:** _____ **Last:** _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Cell Phone: _____ **Home Phone:** _____

Work Phone: _____ **Email:** _____

The following information is needed for a criminal background check:

Date of Birth: _____ **Social Security Number:** _____

Driver's License Number: _____ **Exp. Date:** _____

Race: _____ **Have you ever been convicted of a crime?** Yes No

If yes, please explain:

Are there any felony charges pending against you? Yes No

If yes, please explain:

How did you hear about the Westland Youth Assistance Program? _____

HOBBIES, INTERESTES, SKILLS

EDUCATION

	Name & Location	Degree/Date	Major/Minor
High School			
College			
Other			

PAST WORK EXPERIENCE

Employer: _____

Address: _____ **City:** _____

State: _____ **Zip:** _____ **Phone:** _____

Position Title: _____ **Start Date:** _____ **End Date:** _____

Supervisor's Name and Title: _____

Description of Duties/Responsibilities:

Please list any current or previous volunteer experience:

Community/Professional organizations, honors, awards:

Why do you feel you would be a good volunteer for our program?

Do you have your own reliable vehicle? _____

Volunteer Mentors Only:

Would you be available to attend a 15 hour Mentor Training (held over several weekday evenings and/or weekend day)?

College Interns Only:

Total hours needed for internship: _____ Total hours available per week: _____

What days/hours are you available:

REFERENCES

1. Name: _____ Phone: _____

Company/School: _____

Address: _____ City: _____

State: _____ Zip: _____ How long have you known this person? _____

What is your relationship to his person? Friend Co-worker Employer

Other Please explain: _____

2. Name: _____ Phone: _____

Company/School: _____

Address: _____ City: _____

State: _____ Zip: _____ How long have you known this person? _____

What is your relationship to his person? Friend Co-worker Employer

Other Please explain: _____

In case of an emergency, who should be notified?

Name: _____ Relation to you: _____

Address: _____ City: _____

State: _____ Zip: _____ Phone: _____

I certify that all of the statements in this application are true and complete to the best of my knowledge. I understand that any false or incomplete answer may be grounds for non-consideration or for my dismissal. I authorize the Westland Youth Assistance Program to contact my references and the Westland Police Department to process a criminal background check in order to determine my eligibility as a volunteer.

Print Name: _____ **Date:** _____

Signature: _____