

VOLUNTEER LEON

Youth Corps

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Today's Date: _____

Please Type or Print

Name:

Mailing Address:

City, State, Zip Code:

Home Phone:

Email Address:

School:

Current Grade:

Date of Birth (m/d/y):

Emergency Contact Name:

Number:

Name of personal reference (ex. teacher, minister):

Number:

Are you in any clubs, service groups, etc.? If so, list them.

Do you hold any leadership positions? If so, list below.

Are you interested in taking a leadership position?

Yes:

No:

Are you interested in the following? Place an "X" in the appropriate box.

Group Projects:

Individual Vol.
Opportunities:

Both:

Check your areas of interests. Place an "X" by all that apply.

HIV/AIDS:	Intergenerational concerns:	Other:
Environment:	Prevention issues:	Other:
Animals:	Youth Corps Leadership Council:	Other:
Disaster Preparedness:	Volunteer in the office:	Other:
Disabilities:	Technology:	Other:
School Improvement:	Children:	Other:

By signing below, I verify that all information stated above is true to the best of my knowledge. I understand that all information on this form is voluntarily supplied and may be disclosed for volunteer purposes only. I grant permission for _____ to participate in VolunteerLEON Youth Corps. I authorize VolunteerLEON and its agents to use photograph(s) of _____ for the specific purpose of publications and promotion and hereby release and hold harmless VolunteerLEON or its agents from any liability.

Applicant's Signature:

Parent/Guardian's Signature: