



# Volunteer Application

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone # \_\_\_\_\_

E-mail address \_\_\_\_\_

Employer \_\_\_\_\_

Work phone # \_\_\_\_\_

How did you find out about Youth Go? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Are you a past Youth Go participant? YES NO If yes, when did you attend Youth Go? \_\_\_\_\_

Do you know anyone who currently volunteers or is employed by Youth Go? YES NO

If yes, who? \_\_\_\_\_

## Personal Reference

Name \_\_\_\_\_

Relationship \_\_\_\_\_

How long have you known each other? \_\_\_\_\_

Phone # \_\_\_\_\_

## Professional Reference

Name \_\_\_\_\_

Relationship \_\_\_\_\_

How long have you known each other? \_\_\_\_\_

Phone # \_\_\_\_\_

Please mail completed application to: Alice Zarda- Community Outreach Coordinator, 213 Nicolet Blvd., Neenah, WI 54956



## Volunteer Background Check

I \_\_\_\_\_, hereby grant permission to Youth Go Inc.

Print Full Name:      First      Middle      Last

to obtain information from local and state law enforcement agencies to help determine my eligibility to serve as a Youth Go volunteer. I understand that if the records check shows any violations committed or other information about my background that would indicate unsuitability or a risk, I may not be accepted as a Youth Go volunteer.

Name: \_\_\_\_\_

Previous Name(s) \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Social Security # \_\_\_\_\_

Current Address \_\_\_\_\_

\_\_\_\_\_

States lived in previously: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Witness: \_\_\_\_\_