

West Midland Family Center

Connect & Serve

Teen Application

Last Name _____ First _____ Initial _____
Address _____ Birthday ____/____/____



Email _____
Daytime phone () _____
Evening phone () _____
Cell phone () _____
Best time to be reached _____

Preferred choice of contact: ___ Email ___ Home Phone ___ Cell Phone



School Attending _____ Grade _____

How you heard about WMFC _____

Your reason for volunteering _____



Time commitment: ___ 1 time event ___ weekly ___ monthly ___ seasonally ___ ongoing

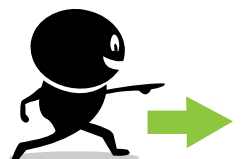
Number of hours you wish to volunteer (if specific) _____ by when _____

Days and times available _____ Date you would like to start _____

Type of volunteer experience you might be interested in _____

What you hope to gain or learn from this experience _____

More on the back...



Interests Skills Hobbies



List some of your favorite activities _____

Check volunteer areas that you are interested in or have skills in:

- | | | | |
|---|---|--|---|
| <input type="checkbox"/> Young Children | <input type="checkbox"/> Elementary | <input type="checkbox"/> Teens | <input type="checkbox"/> College age |
| <input type="checkbox"/> Adults | <input type="checkbox"/> Seniors | <input type="checkbox"/> Families | <input type="checkbox"/> Food Pantry |
| <input type="checkbox"/> Education | <input type="checkbox"/> Tutoring | <input type="checkbox"/> Social Work | <input type="checkbox"/> Parent Education |
| <input type="checkbox"/> Clerical | <input type="checkbox"/> Computers | <input type="checkbox"/> Cooking | <input type="checkbox"/> Clothing Room |
| <input type="checkbox"/> Reading | <input type="checkbox"/> Writing | <input type="checkbox"/> Arts & Crafts | |
| <input type="checkbox"/> Carpentry/Construction | <input type="checkbox"/> Handyman Skills (list) _____ | | |
| <input type="checkbox"/> Sports (list) _____ | | | |
| <input type="checkbox"/> Business or Professional skill(s)-(list) _____ | | | |
| <input type="checkbox"/> Special Events/One time Events _____ | | | |
| <input type="checkbox"/> Other (list) _____ | | | |

Previous volunteer experience _____

Physical limitations or medical restrictions/allergies _____



Emergency Contact Person _____
Contact Phone Number _____

Applicant Signature _____ Date _____

Parent or Guardian's Permission to volunteer:

Name _____ Signature _____ Date _____

Make a Difference!