

# 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 \_\_\_\_\_

*Return application to Helen Roth, Connect & Serve Coordinator*

# Make a Difference!