



*free, round-the-clock help
for children, teens and parents*

YOUTH CORP VOLUNTEER APPLICATION

Today's Date: _____

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

E-mail address: _____

Home phone: _____ Cell phone: _____

Work phone: _____ Date of Birth: _____

Name of High School: _____

City, State: _____ Grade Level : _____

In case of emergency, who should we contact?

Name: _____

Relationship: _____ Telephone Number: _____

How did you hear about Kids in Crisis?

Why are you interested in volunteering with the Youth Corp?

Briefly describe your work history, (if applicable).

Please list any volunteer experience. _____

What other organizations (civic, religious, school, etc.) are you currently involved with?

Role there? _____ Length of service? _____

Role there? _____ Length of service? _____

Role there? _____ Length of service? _____

List any special training such as First Aid, CPR, Crisis Intervention, Etc.

I HAVE COMPLETED AND REVIEWED THIS ENTIRE FORM AND ATTEST THAT THE INFORMATION PROVIDED IS TRUE.

Signature Date

If applicant is under the age of 18, please complete the following section.

Parent/Guardian Signature Date

Please return completed applications to:

Kids in Crisis
One Salem Street
Cos Cob, CT 06807
Attn: Kristen Tomasiewicz

FOR OFFICE USE ONLY

Date Application Reviewed _____

Date of Phone Contact by Program Director _____

Entered in REdge (Initial & Date) _____

Comments: