

Youth Volunteer Consent & Application Form

Applicant Information

First Name

Last Name

Date of Birth

Age

Address

City

State/Province

Zip/Postal Code

Phone Number

Email Address

School

Grade

Parent/Guardian Consent

Parent/Guardian Name

Contact Phone

Contact Email

I consent for my child to participate as a youth volunteer.

☐

Medical Information

Medical Conditions (if any)

Allergies (if any)

Emergency Contact Name

Emergency Contact Phone

Volunteer Interests

What are your interests or skills?

Previous Volunteer Experience

Applicant Signature

Applicant Signature

Date

Parent/Guardian Signature

Parent/Guardian Signature

Date