



## VOLUNTEER APPLICATION

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

Street Address: \_\_\_\_\_

\_\_\_\_\_

Email Address: \_\_\_\_\_

Birthdate: \_\_\_\_\_ Phone Number: \_\_\_\_\_ Alt Phone : \_\_\_\_\_

Why are you interested in volunteering at The Mix? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Are you volunteering to fulfill an academic requirement or other requirement? If yes, please explain the nature of that requirement and any outcomes we can help you achieve \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### EXPERIENCE

Please list any previous experience you have working with youth including the organization's name, your role, and the age group.

ORGANIZATION	ROLE	AGE GROUP(S)

Please choose the activities you are most interested in or participate in. This will help us to match you with classes that best suit your skills and interests.

Music

Photography

Other: \_\_\_\_\_

Arts

Bible study/Devotionals

Sports

Community Engagement

Tutoring Students

Event Planning

Computer/Technology

Social Media

Please include copies of your background checks with this application. An instruction sheet can be found on our website [www.themixlancaster.org](http://www.themixlancaster.org).

	Included	In Progress	Need Assistance
PA Police Criminal Record			
FBI Criminal Background (Fingerprints)			
PA Child Abuse History			

**AVAILABILITY**

The After school program runs from 2:30pm to 6:30pm from Monday – Friday. How many hours per week would you like to volunteer? \_\_\_\_\_ Please choose the days below you are available.

<u>MONDAY</u>	<u>TUESDAY</u>	<u>WEDNESDAY</u>	<u>THURSDAY</u>	<u>FRIDAY</u>

**IF YOU ARE UNDER 18 YEARS OF AGE, PLEASE HAVE YOUR PARENT/GUARDIAN COMPLETE THIS PORTION FOR YOU TO VOLUNTEER AT THE MIX.**

I, \_\_\_\_\_, parent/guardian of \_\_\_\_\_, agree to allow him/her to volunteer at The Mix. I have read and understand all the volunteer information provided. I will be responsible for the transportation of my teen to and from The Mix and any events pertaining to his/her volunteering responsibilities.

Signature of parent/guardian \_\_\_\_\_ Date \_\_\_\_\_

**DISCLOSURE**

I verify that all the information on this application is true, complete, and accurate. I understand that if not, I will disqualify myself from becoming a volunteer at The Mix. I understand that this is a volunteer position, and that this application is not for employment or contract of employment at The Mix. As a volunteer at The Mix, I will not accept any payment for my services and agree that I will be responsible for transportation and cost of transportation to and from The Mix. I give The Mix permission to utilize any photos or videos of me. I agree that I will obtain the necessary background checks and clearances as stated by the law of Pennsylvania to work with children. I understand that I will not be permitted to volunteer until The Mix has received all the necessary background checks and clearances.

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent's Signature \_\_\_\_\_ Date \_\_\_\_\_  
(If applicant is under the age of 18)