

## CRIVITZ YOUTH, INC. VOLUNTEER APPLICATION



PERSONAL							
Last Name	First	Middle			Date		
Street Address						Phone	
Volunteer Position Desired						Email	
Have you ever been co please describe condit		including s	sex-related	or child	d-abuse related	offenses? Ye	es No If yes,
EDUCATION							
School	Name & Location		Course of Study		# of years completed	Did you graduate ?	Degree or Diploma
High School							
Business/Trade/ Technical							
College							
Graduate							
REFERENCES							
List two persons, no		vhom you	have kno	wn for	at least one y	ear who cou	ıld attest to your
business/technical skills Name		Business	Relati		onship	Phone	
				/Posit			
Name		Business		Relationship /Position		Phone	
Describe your goals	for performing vo	l lunteer se	rvice with	CYI:			
Have you ever perfor		rvice befo	re: YES	S NC	)		
If yes, please describ	be:						
I certify that the famy knowledge. I u	nderstand that n	nisrepres	entation	or omi	issions of any	kind may	result in denial
			<b>G</b> :				
Date			Signatur	e			