----------Office Use Only----------

Program _____ Start Date _____

Junior Buddy _____ Date Matched _____

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87 King Street, P.O. Box 1615
Burlington, VT 05402
802-862-6736
Gabriella Tufo Strouse, Volunteer Coordinator
Gabriella@kingstreetcenter.org

Volunteer Application

Personal Information

Name _____Date _____
First Last

Address _____
Street City Zip

Home phone # _____ Work phone #_____

Cell phone #_____ Email _____

Occupation _____Employer _____ Dates_____

Business Address _____ Phone _____

Most Recent Education _____

College _____ Graduation _____ Area of Study/Degree_____

For volunteer opportunities, I am interested in: (check all that apply)

- ☐ Pre-School
- ☐ Elementary After-School Program
- ☐ Teen Futures Program
- ☐ Evening Teen Program
- ☐ Administration / Clerical
- ☐ Summer Castle Camp
- ☐ Tutoring
- ☐ Fix-it/Maintenance
- ☐ Special Events

List your most recent volunteer positions, if any:

	Organization	Position	Dates
1.			

Background Information

What are your skills, interests, hobbies (please be specific):

_____

_____

What foreign languages do you speak, if any? _____

Why do you want to be a volunteer at King Street Center?

_____

_____

Days and Hours Available: (specify hours, e.g. *M 2p-4p*)

M_____ Tu_____ W_____ Th_____ F_____ Sa_____ Su_____

How did you hear about the King Street Center? _____

References: Please list four people (other than relatives) who have known you for one year or longer that we may contact, especially any involving youth work! (Only three will be contacted.)

	Name		Best time to call	Phone #	E-mail
1.	First	Last	Time	Phone	E-mail
2.	First	Last	Time	Phone	E-mail
3.	First	Last	Time	Phone	E-mail
4.	First	Last	Time	Phone	E-mail

In Case of Emergency: (Specify whom King Street should call in case of emergency.)

Name _____ Relationship _____

Address _____ Phone _____

Criminal Background Check Consent:

Within the past 10 years have you been convicted of a felony or a misdemeanor? _____If yes, please explain.

_____

_____

I understand that in order to work at the King Street Center, a background check must be performed.

Applicant's Signature: _____Date: _____

Photo Consent:

I hereby irrevocably give my consent to King Street Center and to such other persons as they may designate, to use my name, verbal statements and portrait or picture (motion or still) for public relations, advertising purposes or for any lawful purpose whatever, in any media now known or hereafter developed. My signature on this form means I have read this paragraph or had it explained to me in a language I can understand.

Applicant's Signature: _____Date: _____

I do not give permission to the King Street Center to have photographs or audio/video recordings of myself.

Applicant's Signature: _____ Date: _____

I, the undersigned, certify that the information specified above is true to the best of my knowledge.

United Way
United Way of Chittenden County

_____ _____

Signature Date