

TEEN VOLUNTEER REGISTRATION FORM

Name: _____ **Email:** _____

Address:

Postal Code: _____

Phone Numbers: _____

Are you 13 years of age or older? YES: _____ **NO:** _____

If you are under the age of 18, you MUST have a parent/guardian sign the Teen Volunteer Parental Consent Form.

School: _____ **Career Goal:** _____

Have you ever been employed? ? YES: _____ **NO:** _____

If yes, list types of employment: _____

If you have been involved at Fairhaven before, either as a Teen Volunteer or a Grandpal, please state year(s): _____

Volunteer experience: _____

Present volunteer commitments: _____

Special skills, interests, hobbies: _____

Emergency Contact: _____

Phone: Home: _____ Cell: _____

Why do you want to volunteer at Fairhaven? _____

How did you hear about this program? _____

How many hours would you like to volunteer per week? _____

Time Available: Summer: _____ After School: _____

Indicate all days and times you are available to volunteer:

	Monday	Tuesday	Wednesday	Thursday	Friday
Morning					
Afternoon					

Family vacation planned for: _____

Placement preferred: _____

References:

- Please ask two personal references (not relatives) to complete the reference forms and seal in envelopes provided.
- Return reference forms along with this Registration Form to the Teen Volunteer Co-ordinator.
- Sign below to authorize the Co-ordinator of the Teen Volunteer Program to contact and receive further information from the references you have provided.

Signature

Date