

Volunteer Application

Contact Information

Name			
Street Address			
City, State		Zip Code	
Home Phone		Cell Phone	
Email Address			

Availability

During which hours are you available for volunteer assignments?

Weekdays	<input type="checkbox"/> Morning	<input type="checkbox"/> Afternoon	<input type="checkbox"/> Evening
Weekends	<input type="checkbox"/> Morning	<input type="checkbox"/> Afternoon	<input type="checkbox"/> Evening

Interests

Tell us in which areas you are interested in volunteering:

<input type="checkbox"/>	Coalition Member	<i>Monthly meetings • Help plan and organize events</i>
<input type="checkbox"/>	Events	<i>Run 2 Save Our Youth • Safe & Sober Tailgate • School Open-House • Community Forum</i>
<input type="checkbox"/>	Community Outreach	<i>Resource table at community events to raise awareness and educate</i>
<input type="checkbox"/>	Speakers Bureau	<i>Speaking to youth, professional and other groups as needed</i>
<input type="checkbox"/>	Office Administration	<i>As needed</i>
<input type="checkbox"/>	Other	

Special Skills or Qualifications

Summarize special skills and qualifications you have acquired from employment, previous volunteer work or through other activities including hobbies or sports.

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Previous Volunteer or Work Experience

Summarize your previous volunteer work experience.

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Person to Notify in case of an Emergency

Name			
Relation			
Street Address			
City, State		Zip Code	
Home Phone		Cell Phone	
Email Address			

Our Mission

Livonia Save Our Youth is a coalition that exists to educate and empower the community regarding the health and safety of our young people with a focus on substance abuse and related issues. Thank you for completing this application form and for your interest in volunteering with us.

Agreement and Signature

By submitting this application, I affirm that the facts set forth in it are true and complete. Livonia Save Our Youth Coalition expects that all volunteers abide by the guidelines in the Policy and Procedure manual, or part company amicably.

Name (Printed)	
Signature	
Date	

Livonia Save Our Youth Coalition Signature

Name (Printed)	
Signature	
Date	