



Volunteer Application

General

Name _____ PHONE _____

Mailing Address _____

City _____ State _____ Zip Code _____

E-mail _____

Physical Address _____

City _____ State _____ Zip Code _____

Date of Birth _____

Have you undergone a background check through the School? _____

If yes, please have administrator sign for approval:

_____ Date _____

If not, please know you cannot work directly with youth until your fingerprints have been submitted to CBI.

Do you have a valid driver license? ___ YES ___ NO

Have you ever been convicted of a crime? ___ YES ___ NO If yes, describe in full detail on another page.

Education

School Name:
Location:
Major:
Dates Attended: From: _____ To: _____
Year Graduated:
High School:
College or University:

List others on separate sheet of paper.

Special Skills and Interests/Qualities you would like to share with Voyager

Certifications

___ CPR ___ First Aid ___ Wilderness First Aid ___ Wilderness First Responder
___ Lifeguard/Swift Water (circle) ___ Certified Teacher – Elementary MS/HS (circle)

Other Certifications: _____

References

1. _____
Name Organization Telephone

Street Address Email

2. _____
Name Organization Telephone

Street Address Email

3. _____
Name Organization Telephone

Please answer the following questions giving careful consideration to each.

If extra space is needed, attach an additional sheet of paper.

1. Why do you want to work with Voyager Youth Program?

2. Describe your strengths working with children and how they would benefit Voyager Youth Program?

Thank you for your interest in volunteering with Voyager Youth Program!

Please return this application to:

Voyager Youth Program

P.O. Box 709

Ridgway, CO 81432

Phone: 970-626-4279

Email: info@voyageryouthprogram.org

