



G.O.A.L.S Volunteer Application

Please print

First Name..... Last Name.....

Address..... City/State/Zip.....

Telephone..... Date of Birth.....

Personal Information (please circle correct response):

Gender: Male Female

Education (highest level completed)

Grades 1-5 6-9 11-12 College Business Graduate School Technical/Vocational

Former work/occupation.....Most recent employer

List previous volunteer experience.....

Skills (List your skills and indicate proficiency level) Skilled Can Teach Amateur

1.....

2.....

3.....

Volunteer availability: (Circle all applicable)

Monday Tuesday Wednesday Thursday Friday No Preference

In what capacity can you assist with The GOALS Project?

Child Care Mentoring Networking Hospitality Guest Speaking Administrative

In an emergency, notify:

First Name..... Last Name.....

Address.....

City/State/Zip..... Telephone.....



**In the space provided below please answer the following questions.
If more space is needed please feel free to use the back of this paper.**

Briefly explain your thoughts about teen parenting.

Please explain why you think you can be beneficial to a teen parent in the G.O.A.L.S program?

What do you like to do for fun?

What are some challenges that you faced as a teen? What do you think are some of the present issues that teens face today?

.....
(Signature/Volunteer) (Signature/Staff) (Date)

Volunteers hereby agree to serve any client who is assigned regardless of race, sex, creed or national origin.

