

HELP LINE VOLUNTEER
APPLICATION

NAME _____ PHONE _____

ADDRESS _____
Street

City State Zip

D.L.# _____ S.S.# _____

PARENT OR GUARDIAN PERMISSION: _____

Signature

What High School do you attend? _____ Your age _____

Do you or your family participate in the Welfare To Work Program? ___ Yes ___ No
(Info. needed for funding purposes & is optional)

What is your experience with helping youth? (Please list below)

Why do you want to provide a friendly listening ear to youth? What is it about YOU that would make a good help line volunteer?

Please give two adult references.

1. _____
Name Phone
2. _____

Please indicate your choice or choices: ___ Phone line volunteer ___ Help with Promotion
___ Board Member ___ Schedule Volunteers
___ Recruit Volunteers ___ Flyer Distribution

Please submit to: Youth Support Association
Attn: Deborah Shelton
918 West Ave. J
Lancaster, CA 93534
Front Office: 942-0419

This Information is for application use only