

Street Youth Ministries

Volunteer Application

Date: _____		
Name: _____	Date of birth: _____	
Address: _____	Email: _____	
Cell phone: _____	Home phone: _____	Work phone: _____
Do you have first aid training?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Expiration date: _____
Do you have CPR training?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Expiration date: _____

Please answer the following questions; use a separate piece of paper if needed.

1. How did you hear about Street Youth Ministries (SYM)?
2. Why do you want to work with homeless youth?
3. What motivated you to pursue volunteering at SYM at this time?
4. What experience have you had working with teens? Homeless youth?
5. What skills, talents or special interests do you bring?
6. What fears do you have about volunteering with homeless and street involved youth?
7. Describe some of the issues you think homeless youth may be dealing with.

8. Where is your emotional and spiritual support coming from now?

9. Is alcohol and drug abuse or addiction part of your history? If so, how are you dealing with that now?

10. What is your understanding of the mission of SYM and what role you would play in that?

11. Describe how you would interact with someone who is engaging in behaviors that are harmful to himself/herself.

12. How have you intervened in a situation where one or more people are becoming increasingly angry?

13. Have you ever been accused or convicted of child abuse?

14. Anything else you would like us to know about you or any additional questions?

References

Please list three people who have known you for more than one year and are not family. For example, a teacher, work supervisor, pastor, spiritual mentor, roommate or friend.

Name: _____

Relationship: _____

Address: _____

Daytime telephone: _____

Email: _____

Name: _____

Relationship: _____

Address: _____

Daytime telephone: _____

Email: _____

Name: _____

Relationship: _____

Address: _____

Daytime telephone: _____

Email: _____

Washington State Patrol

The following information is needed to request information from the Washington State Patrol to determine any criminal history related to child/adult abuse.

Given Name: _____
First *Middle* *Last*

Alias/Maiden Name: _____

Date of Birth: _____

Secondary dissemination of this information is prohibited unless in compliance with RCW 10.97.050

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Please return the completed application via email to unjnl@streetyouthministries.org or mail to:
Street Youth Ministries 4540 15th Ave. NE, Seattle, WA 98105