

KIDS Corps
Youth Volunteer Application

Must be 12-20 years old

Date of Application: _____

Date of Birth: _____

NAME: _____

Preferred Name: _____

ADDRESS: _____

Home Phone: _____

Cell Phone: _____

Email Address: _____

Parent/Guardian Name: _____

Parent/Guardian Email Address: _____

Work Phone: _____

Cell Phone: _____

Name of School Attending: _____ Grade (now or in fall): _____

School/Extra Curricular Activities: _____

List Volunteer and/or Work experience (include babysitting, church groups, etc.): _____

How did you hear about the KIDS Corps program? _____

What town(s) are you willing to travel to for volunteer placement? _____

What volunteer opportunities are you interested in (office work, tutoring, soup kitchen, etc.)?

When are you available to volunteer: After School Weekends Summer

Applicant Signature: _____

Date: _____

Parent/Guardian Permission (*if under 18*): All answers to the above questions are true and correct. I hereby give my son/daughter permission to participate in the KIDS Corps program. I understand that volunteer placement will occur after completed application is received and an interview is scheduled.

Parent/Guardian Signature

Date

Please return completed applications to:
Family & Children's Service, Volunteer Services
191 Bath Avenue, Long Branch, NJ 07740
ph. 732-222-9111 fax 732-531-8507