

**LANE COUNTY DEPARTMENT OF YOUTH SERVICES
VOLUNTEER/STUDENT APPLICATION**

All Information Must Be Complete or Application Will NOT Be Processed

Please **PRINT FULL NAME (include MI)** _____ Date _____

Last _____ First _____ Middle _____

Current Address _____ City _____ State _____ Zip _____

How long at current address? _____ Maiden Name _____

Date of Birth _____ Race _____ Driver's License# _____ State Issued _____

(Req for Background Check)

Telephone No. (Home) _____ Business _____ Cell _____

Email _____

Social Security # _____ Number of Children _____ Ages _____

Current employer _____ Title _____ No. of Yrs employed _____

Education Level: Grade School _____ High School _____ Name of High School _____

College _____ Name of College _____ Year/degree _____ Major _____

Are you currently enrolled in school? _____ If yes, which school? _____

Intern/Practicum Supervisor: _____ Supervisor Email: _____

Supervisor Phone: _____ Will you be getting credit for your volunteer work? Yes ___ No ___

Except for minor traffic offenses, have you ever been arrested for any law violation? (You are required to notify DYS (682-4703) within 72 hours of any new police contact. Failure to do so may result in termination of volunteer privileges. Criminal background checks may be conducted every 6 months on existing volunteers.)

Do you have any relatives involved in the juvenile justice system in the past two years? Yes _____ No _____

Have you any physical or emotional disabilities? _____

List organizations, clubs, societies of which you are now, or have been a member? _____

Have you ever worked or volunteered with teens? _____ If so, where, and what did you do? _____

How did you become interested in the Volunteer Program at the Department of Youth Services?

Comment briefly on your concern for troubled youth _____

Do you feel you work best with a boy or girl? _____

What are your interests, hobbies, skills, (be specific)? _____

Are you fluent in a language other than English? _____ If so, what language(s)? _____

Describe your experience working with people from a culture other than your own: _____

List the hours that you may be free on each day of the week

M T W Th F S Sun

What is the best time to contact you during the day, and where? _____

Is there a particular volunteer position that interests you? _____

When would you like to begin your volunteer work at DYS? _____

Name and **COMPLETE** address of three personal references that are *not* related to you and have known you for three years or longer: **Application will not be processed without complete reference information. PLEASE PRINT**

Name	Address	City, State & Zip
_____	_____	_____
_____	_____	_____
_____	_____	_____

I hereby give permission to the Lane County Department of Youth Services to inquire into my character and background. Also, I acknowledge that the County's general liability policy is the only insurance extended to me.

Applicant's Signature

Please return application to: Volunteer Program, 2727 Martin Luther King, Jr. Blvd. Eugene OR 97401