

YOUTH (under 18) VOLUNTEER APPLICATION

Name _____ date _____

Address _____

_____ cell # _____

How long have you lived at this address? _____

Previous address _____

Fathers name _____ phone # _____

Mothers name _____ phone # _____

Brothers / sisters (ages) _____

Any part time jobs _____

References _____ # _____

Best friend _____ # _____

Have you ever committed a crime? _____

Have you ever been suspended from school? _____

Are you, or have you seen a counselor? _____

What for? _____

Are you on any medication? _____

Do you, or have you smoked cigarettes? _____ Drank alcohol? _____

Marijuana? _____ Stolen anything? _____

Are you a Christian? _____ since what date? _____

Have you ever been placed in DHS custody? _____

Do you have anger problems? _____ have you been in a fight? _____