

## 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? \_\_\_\_\_