



Helpline Youth Counseling Volunteer Profile

Personal Information

Name: _____ Date: _____

Address: _____

City: _____ State: _____ Zip: _____

Cell Phone: _____ Work Phone: _____

Email: _____ Date of Birth: _____ / _____ / _____

Employer: _____ Title: _____

Why are you interested in volunteering with Helpline Youth Counseling? (please circle all that apply)

Personal interest Educational Internship Community Service Hours Court ordered Other

Have you ever worked for Helpline Youth Counseling? yes no

Have you ever received services from Helpline Youth Counseling? yes no

Do you have a valid driver's license? yes no

Do you have a car available for use while volunteering? yes no

If so, do you have valid insurance? yes no

Experience and Education

What is your educational background? What schools/universities did you attend, if any, and what was your major and/or course of study?

Have you had any previous experience as a volunteer? If so, where did you work and what did you do? Do you have experience working with children, teenagers, veterans or the general public?

***Please note: As a part of the volunteer process, a live scan will be required at a cost of \$25.**

Does your current employer have a (circle all that apply): Program for volunteering

Donation matching program Grant preference to organizations where you volunteer

How did you learn about HYC? (circle all that apply) Word of Mouth Website Social Media

College/University HYC Employee Current Volunteer VolunteerMatch Community Event

By visiting Liberty Community Plaza Referral Other (*Please specify*) _____

Which volunteer opportunities do you wish to further explore: Teen Center Tutoring

College Application Assistance Veteran's Center Arts and Crafts Room Fitness Center

Event Assistance Administrative General Volunteer (open to any opportunity) Other

How many hours are you available to volunteer per week? _____

How long can you commit to volunteering? One time 1-2 months 3-6 months

6-12 months 1+ years Other _____

What days are you available? (please circle all that apply) Mondays Tuesdays Wednesdays

Thursdays Fridays Saturdays Sundays

What times are you available? please list specific hours and days _____

What are your hobbies and interests? _____

Other languages you speak: _____ Basic Conversational Fluent

_____ Basic Conversational Fluent

Do you have any special needs or restrictions we should be aware of?: _____

Date you can begin service: _____

Emergency Contact: _____ Relationship: _____

Number (cell): _____ Number (work or home): _____

Skills

Please describe why you want to be a volunteer at Helpline Youth Counseling. Also please list specific skills or talents that you can contribute? (i.e. teaching dance/aerobics classes, tutoring, leading educational workshops, visual arts skills, performing arts abilities or professional skills, etc)

Criminal History

All volunteer positions require a Criminal History check. Conviction will not necessarily disqualify you from participating. Have you ever been convicted of a felony or misdemeanor? Yes No

If yes, please explain: _____

References

Please list two professional and/or academic references.

Reference #1. Name: _____ Phone: _____

Email: _____ Relationship: _____

Reference #2. Name: _____ Phone: _____

Email: _____ Relationship: _____

Helpline Youth Counseling considers applicants for volunteering opportunities without regard to sex, race, age, religion, national origin, veteran or marital status, or any other legally protected status. We provide reasonable accommodation to qualified individuals with disabilities when it would not be an undue hardship. If you need a reasonable accommodation in the pre-placement process, please contact a Helpline Youth Counseling employee.

1. I certify that the facts set for in this volunteer application are true and complete to the best of my knowledge. I understand that any false statement, omission or misrepresentation in my application or placement interview may result in the rejection of my application or discharge from the volunteer program.
2. I consent to having Helpline Youth Counseling complete a criminal background check prior to volunteering.
3. I agree to complete a drug screening and TB screening requirements for the position for which I am applying.

Signature of Applicant

Date

Parent/Guardian Signature (required if less than 18 years of age)

Date

In connection with my voluntary involvement in activities undertaken for **Helpline Youth Counseling**, I hereby agree, for myself, my relatives, my heirs, executors, and administrators to release and discharge **Helpline Youth Counseling**, its officers and directors, employees, agents, and volunteers from all claims, demands and actions for damages or injuries sustained to my person and/or property, as a result of my involvement in activities with **Helpline Youth Counseling**, whether or not resulting from negligence, and I agree to release and hold **Helpline Youth Counseling**, its officers and directors, employees, agents, and volunteers harmless of any cause of action, claim, or suit arising therefrom. I hereby attest the my at involvement in such activities is voluntary, that I am participating at my own risk, and that I have read the foregoing terms and conditions of this release.

Signature of Applicant

Date

Parent/Guardian Signature (required if less than 18 years of age)

Date

*Please note that volunteer activities through Helpline Youth Counseling may be photographed. By entering the Helpline Youth Counseling and/or Liberty Community Plaza premises, you consent to photography and video recording and its/their release, publication, exhibition or reproduction to be used for marketing and promotional purposes, inclusion on websites or social media platforms, or any other purpose by Helpline Youth Counseling and its affiliates. You release Helpline Youth Counseling, its directors, officers, employees and volunteers, and each and all persons involved, from any liability connected with the taking, recording, digitalizing, or publication of photographs, images and/or recordings. By entering the aforementioned premises, you waive all rights you may have to any claims for payment or royalties in connection with any exhibition or publication of these materials. You also waive any right to inspect or approve any photo or video recording taken by Helpline Youth Counseling or the person or entity designated to do so by Helpline Youth Counseling. You have been fully informed of your consent, waiver of liability, and release before entering the event. **Should you wish to not have your photograph, image or likeness potentially used for marketing and/or promotional purposes, please see a Helpline Youth Counseling employee and we would be happy to assist you.***