



# COA Youth and Family Centers Individual Volunteer Interest Form

Name: \_\_\_\_\_ Phone: Home ( ) \_\_\_\_\_  
E-mail: \_\_\_\_\_ Phone: Cell ( ) \_\_\_\_\_  
Address: \_\_\_\_\_ FAX: ( ) \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Emergency Contact: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

Why are you interested in volunteering at COA?

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## I. Skills and Interests

Education Background: \_\_\_\_\_

Current Occupation: \_\_\_\_\_

Hobbies, Interests, Skills: \_\_\_\_\_

Previous Volunteer Experience: \_\_\_\_\_

Certifications: (e.g. ALS, WSI, First Aid, CPR ) \_\_\_\_\_

Please indicate which Department(s) you are interested in as well as any specific activity you'd like to volunteer with.

Department	Program Area / Activity of Interest
í Child Care	_____
í Youth Development	_____
Would you prefer the Goldin Center or the Riverwest Center? _____	
í GED / Adult Education	_____
í HIPPY	_____
í Resource Development	_____
í Camp Helen Brachman	_____
í Family Center	_____

## II. Availability

What is the duration of your volunteer service? (For example, a one-time only opportunity or a certain number of volunteer hours or ongoing) \_\_\_\_\_

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Please check times and days you would like to volunteer.

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Morning							
Afternoon							
Evening							

### III. References

(List individuals familiar with your job qualifications – no relatives or friends)

Name \_\_\_\_\_ Daytime Telephone \_\_\_\_\_  
 \_\_\_\_\_ Evening Telephone \_\_\_\_\_  
 Email \_\_\_\_\_  
 Relationship \_\_\_\_\_ How long known? \_\_\_\_\_

Name \_\_\_\_\_ Daytime Telephone \_\_\_\_\_  
 \_\_\_\_\_ Evening Telephone \_\_\_\_\_  
 Email: \_\_\_\_\_  
 Relationship \_\_\_\_\_ How long known? \_\_\_\_\_

### IV. Affidavit

Please list all convictions and all pending criminal charges including child abuse or crime against sexual morality involving children (no applicant will be denied a position because of a conviction for an offense or a pending criminal charge which COA Youth and Family Centers determines is not substantially related to the requirements of the job sought). COA reserves the right to conduct criminal record checks on all volunteers.

I certify that all of the information contained in this application is complete and accurate to the best of my knowledge.

\_\_\_\_\_  
 Signature Date

**Please return completed form to the Resource Development Department  
 COA Youth and Family Centers 909 E. North Ave. Milwaukee, WI 53212  
 (414) 263-8383 Fax (414) 263-8386**

**Office Use Only:**

Area Placed                      Date Started                      Date Ended                      Total Hours