



4685 Dorsett Shoals Road
Douglasville, GA 30135

Volunteer Coordinator: Kari Lensing
(770) 942-9606 ext. 4435
Fax: (770)489-0406
kari.lensing@youthvillages.org

Date _____

Name _____ Gender: M / F
Last First Middle

Date of Birth ____/____/____ Age _____ SSN _____-_____-_____

Occupation _____ Current Employer _____

Are you a student ___Yes ___No If yes, what is your major _____

What school do you attend? _____

Mailing Address _____

Home Phone (_____) _____ Cell Phone (_____) _____

Email address _____

In case of emergency contact:

Name _____ Relationship to you _____

Address _____ Phone Number _____

Why do you want to volunteer at Youth Villages at Inner Harbour? _____

What previous volunteer experience do you have? _____

What are your hobbies? _____

What special skills, training, or experience do you have related to this volunteer opportunity? _____

Which volunteer position(s) are you interested in? If interested in more than one, please number them in the order you prefer.

Mentor Information Management/Technology
 Yoga Therapy Animal-Assisted Therapy Special Events
 Tutor Spiritual Enrichment Recreation & Activities
 Art Therapy Administrative Support Life Skills Coach
 Other - please describe: _____

Mark the group(s) of children you'd like to work with:

Girls ages 5-12 _____ Boys ages 5-12 _____
Girls ages 13-18 _____ Boys ages 13-18 _____

Do you have any other preferences? _____

Youth Villages at Inner Harbour requests that you commit no less than one hour, once a week, for six months (or one hour per week for no less than one full semester for tutors & four hours per week for six months for Information Management). We will set up an ongoing weekly schedule. Please circle the day(s) and write the time(s) you would like to volunteer.

Please mark all that apply:

Monday Tuesday Wednesday Thursday Friday Saturday Sunday

Morning _____ Afternoon _____ Evening _____

Before being admitted into the program all applicants will undergo a criminal background check. Have you ever been charged or convicted of an offense other than a minor traffic violation? If yes, please explain:

How did you hear about Youth Villages at Inner Harbour? Please circle and detail all that apply.

Newspaper _____ Flyer _____

Religious Organization _____ Friend _____

School/Career Center _____ Volunteer Fair _____

Internet/Website _____ Other _____

Disclosure (voluntary)

Youth Villages at Inner Harbour seeks to recruit and maintain a diverse group of volunteers. Diverse backgrounds include but are not limited to race, gender, age, color, creed, marital status, gender, disability, national origins, and socioeconomic status. Disclosure is voluntary and not required for participation.

Gender _____ Are you an individual with a disability? Yes
No

What is your disability?

Racial or ethnic group:
please circle one or more if applicable:

American Indian Asian or Pacific Islander African American

Multiracial Caucasian Hispanic

Other _____

Validation

All of the information in this application is true to the best of my knowledge. I authorize investigation of all information contained hereon. I understand that any misrepresentation or omission of facts called for hereon will be sufficient cause for cancellation of any consideration or termination of service with or without notice. I understand that Youth Villages at Inner Harbour is a Drug Free Workplace. I further understand that Youth Villages at Inner Harbour had implemented a drug free workplace policy and that adherence and consent to this policy is a condition of service in this program. If I am offered a position with the Youth Villages at Inner Harbour Volunteer Program, I understand that either Youth Villages or I will have the right to terminate this relationship at any time, with or without cause.

Applicant's signature _____
Date_____

Email, fax, or mail your completed application to:

Youth Villages at Inner Harbour
Kari Lensing, Volunteer Coordinator
4685 Dorsett Shoals Road
Douglasville, GA 30135

Office: (770) 942-9606 ext. 4435
Fax: (770) 489-0406
kari.lensing@youthvillages.org
www.youthvillages.org
www.innerharbour.org

The reference forms must be filled out by **two** references and turned in directly to the Volunteer Coordinator. Your application will not be considered until **two** reference forms have been received. Thank you.

Reference Form

TO THE APPLICANT:

This form should be given to **two** people who know you well and to whom you are not related. Examples include professional, community-based (volunteer supervisor or community leader), or academic (teacher or professor).

Your reference should complete the form and they may fax, email, or mail it to our Volunteer Coordinator, Kari Lensing.

Applicant's Name _____

Phone (_____) _____ - _____ Cell Phone (_____) _____ - _____

Address _____

TO THE REFERENCE:

The person named above is applying to volunteer with Youth Villages at Inner Harbour, a residential psychiatric treatment facility for children located in Douglasville, Georgia. If selected he or she will work directly with children as a mentor, tutor, activity facilitator, or in numerous therapies to help the growth of our young people. For most positions, the volunteer will be working directly with the children, though under the supervision of a teacher or other staff. The volunteer needs to be a positive role model in the life of children and teens who need stable, healthy relationships with adults.

Please appraise the applicant's assets and limitations in regard to the goals and conditions of Youth Villages at Inner Harbour. Feel free to make any additional comments on this form and to attach additional sheets if necessary. Your input is greatly appreciated.

THE REFERENCE MUST RETURN FORM BY FAX, EMAIL OR MAIL TO OUR VOLUNTEER COORDINATOR:

Youth Villages at Inner Harbour
Volunteer Program
Kari Lensing
4685 Dorsett Shoals Road
Douglasville, GA 30135

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Please TYPE or PRINT clearly.

Name _____

Position/Title _____

Organization/Institution _____

Address _____

E-mail _____

Phone: (_____) _____-

How long have you known the applicant? _____

In what capacity have you known the applicant?

____ Job Supervisor/Employer ____ Clergy ____ High School Teacher

____ College Instructor ____ Coach ____ Volunteer Supervisor

____ Other (specify): _____

1. What three words best describe this applicant?

2. Please rate the following qualities of the applicant:

1=Needs Improvement, 2=Below Average, 3=Average, 4=Above Average, 5=Excellent

Dependability	1	2	3	4	5
Ability to take initiative	1	2	3	4	5
Communication skills	1	2	3	4	5
Independence	1	2	3	4	5
Ability to work with minimal supervision	1	2	3	4	5
Ability to resolve conflict	1	2	3	4	5
Ability to work as a member of a team	1	2	3	4	5
Maturity	1	2	3	4	5
Independence	1	2	3	4	5
Responsibility	1	2	3	4	5

3. Please describe any interactions you have seen between the applicant and youth. How do they relate and interact with youth?

4. Please describe the applicant's strengths.

5. Please describe the applicant's weaknesses.

6. Volunteers are required to understand other people's viewpoints and problems and to communicate with people from differing backgrounds. Please explain the applicant's ability to handle diversity.

7. In your opinion, is this applicant appropriate for this position?

No Yes Yes, with reservations – Explain _____

Please use this space to include anything else about the applicant that may help in determining his/her qualifications.

Thank you for your time and input!! It is greatly appreciated.

Reference Signature: _____ **Date:** _____

Please email, fax, or mail your completed reference form to:

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