



## *Volunteer Application Form*

Name \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

E-mail \_\_\_\_\_ Phone \_\_\_\_\_ Cell \_\_\_\_\_

Past or Present Employer Name \_\_\_\_\_

Your Title \_\_\_\_\_ Your Responsibilities \_\_\_\_\_

Emergency Contact Name \_\_\_\_\_

Emergency Contact Phone \_\_\_\_\_

Educational Background- School Name \_\_\_\_\_

Major \_\_\_\_\_ Graduation Date \_\_\_\_\_

How did you hear about Youth V.I.B.E., Inc.? \_\_\_\_\_

Briefly describe your interest in becoming a Youth V.I.B.E. volunteer?  
\_\_\_\_\_  
\_\_\_\_\_

What specific skills, talents, and areas of expertise would you bring to Youth V.I.B.E.: \_\_\_\_\_

# Volunteer Application Form

---

---

Availability Monday- \_\_\_\_\_ Tuesday- \_\_\_\_\_

Wednesday- \_\_\_\_\_ Thursday- \_\_\_\_\_ Friday- \_\_\_\_\_

Saturday- \_\_\_\_\_

How many hours a month would you like to volunteer? \_\_\_\_\_

Do you have reliable transportation? Yes or No

## **Youth Vision~Industry~Business~Empowerment**

Through our own curriculum and interactive business mentoring program, Youth V.I.B.E. imparts on its participants the 'art' of succeeding in business, giving students important skills not taught in school: using debate to resolve conflict, strategic planning, and making public presentations, among many others.

Note: All volunteers are subject to submitting a background check to our headquarter office.

Please return to:  
Youth V.I.B.E., Inc.  
1827 Columbia Dr., Suite D  
Decatur, GA 30032  
Office: 770-593-8800  
Fax: 770-593-8814  
E-mail: [info@youthvibe.org](mailto:info@youthvibe.org)