

JUNIOR VOLUNTEER APPLICATION

ASLAN YOUTH MINISTRIES

P.O. Box 270, Red Bank, NJ 07701
(732) 741-7824 ♦ Fax: (732) 741-3284

(Please Print)

Date: _____

Name: _____ Date of Birth: _____

Address: _____

(Number and Street)

Home Phone: _____

(City, State, Zip)

Email _____

Name of Parent/Guardian: _____

In case of emergency, notify:

Name	Relationship	Phone #
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School (Name and Town): _____

School Contact: _____

How did you hear about our volunteer program?

Name other activities you have participated in:

Have you ever worked with younger children before? If so please describe:

Have you ever done volunteer work before? If so, describe:

Interests, skills, hobbies:

What do you expect to gain from your volunteer experience?

(Please continue on other side)

VOLUNTEER REFERENCE – CONFIDENTIAL REPORT

Applicant Instructions: Please fill out the top portion of this page and give to three references not related to you, whom you have known for at least 1 year.

DATE: _____

APPLICANT: _____

VOLUNTEER AGENCY: ASLAN YOUTH MINISTRIES

VOLUNTEER POSITION: _____

Reference Instructions: The above applicant is interested in doing volunteer work with our agency and has given your name as a reference. Would you please be so kind as to fill it out and return it to our office? ASLAN Youth Ministries, P.O. Box 270, Red Bank, NJ 07701

GENERAL QUESTIONS

1. How long have you known the applicant? _____

2. Do you consider the applicant to be honest? Yes____ No ____

3. Do you consider the applicant to be a person of good character who will convey traditional moral values to a child with which he or she works? Yes____ No ____

4. Do you believe the applicant will work well with others? Yes____ No____

5. Do you have any reservations in recommending the applicant for the volunteer position of mentor/tutor counselor? No Reservations ____
Reservations ____

COMMENTS (please use reverse for additional information):

SIGNED: _____ **DATED:** _____

PRINTED NAME: _____

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