

# Volunteer Application

## ***Personal and Contact Information***

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_ Gender: \_\_\_\_\_

I would like to receive the Monthly Newsletter:

D.O.B: \_\_\_\_\_ Occupation/Work Place: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

Emergency Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship: \_\_\_\_\_

List any languages other than English in which you are fluent: \_\_\_\_\_

What else would you like us to know about you?

\_\_\_\_\_  
\_\_\_\_\_

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## ***Volunteer Interest***

How did you first hear about AiYD? \_\_\_\_\_

What made you want to volunteer for AiYD? \_\_\_\_\_

Please list any relevant volunteer experience:

Organization	Activity/Role

Please list the skills and talents that you would like to use in a volunteer capacity:

\_\_\_\_\_

We have lots of ways for you to get involved here in the U.S. and abroad! Please **check** any and all activities you would be interested in doing for Allies in Youth Development.

- Donating time, funds or resources
- Sponsoring a Child
- Hosting a donation drive
- Packaging and sorting items to be sent
- Addressing and sealing mail-outs
- Fundraising
- Volunteering at events
- Hosting community events such as awareness campaigns
- Taking an annual trip to Eastern Europe
- Traveling to Russia as a Trip Leader
- Other activity: \_\_\_\_\_

Do you have any ideas about new programming?

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Please indicate the approximate number of hours you would like to commit:

Per week: \_\_\_\_\_ -or-

Per month: \_\_\_\_\_ -or-

Per year: \_\_\_\_\_

Please **check** the days and times you are most available for volunteer activities.

	SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
Morning							
Afternoon							
Evening							

I understand that any photos taken of my while volunteering may be used for Allies in Youth Development’s marketing, social media or other promotional material. *Please sign below.*

X \_\_\_\_\_

Date \_\_\_\_\_

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***Lastly, the fun stuff:***

What is your favorite color? \_\_\_\_\_

What is your favorite candy? \_\_\_\_\_

What is your favorite restaurant? \_\_\_\_\_

What is your favorite Holiday? \_\_\_\_\_

When form is completed, please email to [info@alliesyouth.org](mailto:info@alliesyouth.org)