



Volunteers for Youth Justice

a community caring for children in crisis

900 Jordan Street
Shreveport, LA 71101
(318) 425-4413
Fax (318) 227-0208
www.vyjla.org

VOLUNTEERS FOR YOUTH JUSTICE VOLUNTEER APPLICATION

Date _____

NAME _____ DOB _____

ADDRESS _____

TELEPHONE # _____

EMPLOYER _____

ADDRESS _____

TELEPHONE # _____ Can you be called at work? _____

SEX: M F

EDUCATION (Circle highest grade completed)

High School – Grade 9 10 11 12 College 1 2 3 4

Other _____ Field of study _____

Are you currently enrolled in school _____

Explain _____

VOLUNTEER EXPERIENCE/CIVIC ACTIVITIES _____

How did you hear about VYJ? _____

Describe briefly skills, interests or strengths that you feel you can bring to the program _____

Is there anything you prefer NOT to be called upon to do? _____

Describe _____

What do you hope to gain from your participation in VYJ? _____

Military Service _____ Discharge date _____

Have you ever been convicted of an offense other than a traffic violation? _____ (A conviction would not necessarily bar you from participation in the program.) Do you give your permission for a police background check to be made? _____

Do you certify that all information in your application is true? _____ Do you understand that all references will be checked? _____

Signature of applicant _____

Date _____

Please notify the Director of any change in personal information so that your file may be kept current. We also ask that the Director be notified of any change in availability.

REFERENCES

Name _____ Relationship _____

Address _____

Telephone _____

Name _____ Relationship _____

Address _____

Telephone _____

Name _____ Relationship _____

Address _____

Telephone _____