



# Youth Mentoring Services

of Niagara County

86 Park Avenue, Lockport, NY 14094 • ymsnc@roadrunner.com  
(716) 434-1855 • Fax (716) 434-2242 • www.ymsnc.org

## VOLUNTEER APPLICATION

Name: \_\_\_\_\_ SSN: \_\_\_\_\_ Date: \_\_\_\_\_

DOB: \_\_\_\_\_ Gender: M F Marital Status: \_\_\_\_\_ # of Children: \_\_\_\_\_

Do you drive? : \_\_\_\_\_ Own car? : \_\_\_\_\_ Drivers ID#: \_\_\_\_\_

Do you rent or own home? : \_\_\_\_\_ With whom do you live? : \_\_\_\_\_

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

Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Last Year of Education Completed: \_\_\_\_\_ lived in this area for how long? \_\_\_\_\_

How did you hear about Youth Mentoring Services? : \_\_\_\_\_

Any special skills or hobbies? : \_\_\_\_\_

Indicate Areas of Interest:

- Board Member
- Office
- Buildings & Grounds
- Special Events: \_\_\_\_\_
- Working Directly with Children \*minimum of one year commitment

Have you ever participated in the YMS program? : \_\_\_\_\_ Program: \_\_\_\_\_

Have you ever volunteered at any other youth serving agency? : \_\_\_\_\_

Where? : \_\_\_\_\_ Duties? : \_\_\_\_\_

Have you ever been arrested, charged, or convicted of a crime? : \_\_\_\_\_

Would you consent to a background investigation? : \_\_\_\_\_ Please Initial: \_\_\_\_\_

Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_

PROFESSIONAL REFERNCES: Three people who know you very well. (No close relatives or “best friends”) If employed, your immediate supervisor is preferred as one reference.

NAME	COMPLETE ADDRESS	PHONE
1.	_____	_____
2.	_____	_____
3.	_____	_____



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### **AUTHORIZATION FOR MUTUAL RELEASE OF INFORMATION**

I hereby authorize: \_\_\_\_\_ and Youth  
Mentoring Services of Niagara County, Inc., to release and receive information regarding:

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

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

Date of Birth: \_\_\_\_\_

\_\_\_\_\_

Signature of Applicant

\_\_\_\_\_

Date

\_\_\_\_\_

Witnessed

\_\_\_\_\_

Date