



# 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 \_\_\_\_\_ Date \_\_\_\_\_

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

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

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

Do you drive? \_\_\_\_\_ Own car? \_\_\_\_\_ Last Year of Education Completed \_\_\_\_\_

With whom do you live? \_\_\_\_\_ lived in this area for how long? \_\_\_\_\_

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

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

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