



Great Oak Youth Development Centers, Inc.
Community Service Application for College Students
PO Box 1465, Fayetteville, NC 28302
910.822.2226

Volunteer Information **Please Print.**

Name: _____ Date: _____

Current Address: _____

City: _____ State: _____ Zip Code: _____

Telephone: _____ Mobile: _____

Email Address: _____

College: _____ Major: _____ Year in College: _____

In what areas would you like to volunteer? Check all that apply. Visit website for additional information (www.goydc.com).

- | | | |
|---|---|--|
| <input type="checkbox"/> Mentor | <input type="checkbox"/> Leadership Academy | <input type="checkbox"/> Office assistance |
| <input type="checkbox"/> Men and Boys Unity | <input type="checkbox"/> Summer programs | <input type="checkbox"/> Speaker |
| <input type="checkbox"/> Parent Involvement | <input type="checkbox"/> Field Trip Chaperone | <input type="checkbox"/> Van Driver |
| <input type="checkbox"/> Reading Buddies | <input type="checkbox"/> Make phone calls | <input type="checkbox"/> Donate needed items |
| <input type="checkbox"/> Other areas (please specify) _____ | | |

In event of emergency, contact (name, relationship, address, day phone number):

Circle the day(s) and time(s) you will be willing to volunteer.

- | | | | | | | | | |
|-------------------------|-------|------|------|-----|-----|-----|-----|-----------|
| Time (Monday): | 10 am | 11am | 12pm | 1pm | 2pm | 3pm | 4pm | After 5pm |
| Time (Tuesday): | 10 am | 11am | 12pm | 1pm | 2pm | 3pm | 4pm | After 5pm |
| Time (Wednesday): | 10 am | 11am | 12pm | 1pm | 2pm | 3pm | 4pm | After 5pm |
| Time (Thursday): | 10 am | 11am | 12pm | 1pm | 2pm | 3pm | 4pm | After 5pm |
| Time (Friday): | 10 am | 11am | 12pm | 1pm | 2pm | 3pm | 4pm | After 5pm |
| Time (Saturday): | 10 am | 11am | 12pm | 1pm | 2pm | 3pm | 4pm | After 5pm |
| Other (please specify): | _____ | | | | | | | |

I will volunteer (circle one) once a week twice a week twice a moth once per month

Why do you want to volunteer with Great Oak? _____

Achievements and Honors: _____

Extracurricular Activities: _____

Special Skills/Interests/Hobbies: _____

I hereby certify that the information on this form is true. If selected as a volunteer, I understand I will have to interview with Great Oak staff members. I pledge to fulfill all of the requirements of the Great Oak Youth Development Centers programs. I understand that a background check may be required if performing certain volunteer services.

Print Name of Volunteer: _____ Date: _____

Signature of Volunteer: _____ Date: _____

Return application to:

Great Oak Youth Development Centers, Inc.
Community Service
P.O. Box 1465
Fayetteville, NC 28311