



# Great Oak Youth Development Centers, Inc.

## Adult Volunteer Application

PO Box 1465, Fayetteville, NC 28302  
910.822.2226

### Volunteer Information

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

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone: \_\_\_\_\_ Mobile: \_\_\_\_\_

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

Area of expertise and/or Occupation: \_\_\_\_\_

In what areas would you like to volunteer? Check all that apply.

- |   |   |  |
|---|---|--|
| <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

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: \_\_\_\_\_