

 **Seven Tepees Youth Program** 

**Volunteer Application**

Please Fax completed forms to:  
(415) 522-1551

Or mail to:  
Seven Tepees Youth Program  
Attn: Volunteer Intake Coordinator  
130 Church Street  
San Francisco, CA 94114

\*Signature Required\*

***Personal:***

Name: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
          first name           middle initial           last name

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

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

Home Phone: (\_\_\_\_) \_\_\_\_\_ Mobile Phone (\_\_\_\_) \_\_\_\_\_

Work Phone: (\_\_\_\_) \_\_\_\_\_

I prefer to be called at: ( ) Work ( ) Mobile ( ) Home ( ) No Preference

Email: \_\_\_\_\_ Fax: \_\_\_\_\_

Please circle the volunteer opportunities in which you are interested:

*Mentor*           *Tutor*           *Other* \_\_\_\_\_  
  *Please specify*

Have you been convicted of a felony?   Yes: \_\_\_\_\_ No: \_\_\_\_\_  
(Conviction will not necessarily disqualify an applicant from acceptance.)

*If Yes, please attach a separate sheet of paper with explanation.*

What days and times are you available to volunteer?

**Work Experience:** (please start with current or most recent position)

**Company/Organization:** \_\_\_\_\_

Dates: From \_\_\_\_\_ To \_\_\_\_\_

Position: \_\_\_\_\_

Duties performed: \_\_\_\_\_

Supervisor: \_\_\_\_\_ May we contact him/her? Yes \_\_\_\_\_ No \_\_\_\_\_

Phone number:(\_\_\_\_) \_\_\_\_\_

Address \_\_\_\_\_

**Company/Organization:** \_\_\_\_\_

Dates: From \_\_\_\_\_ To \_\_\_\_\_

Position: \_\_\_\_\_

Duties performed: \_\_\_\_\_

Supervisor: \_\_\_\_\_ May we contact him/her? Yes \_\_\_\_\_ No \_\_\_\_\_

Phone number:(\_\_\_\_) \_\_\_\_\_

Address \_\_\_\_\_

**Company/Organization:** \_\_\_\_\_

Dates: From \_\_\_\_\_ To \_\_\_\_\_

Position: \_\_\_\_\_

Duties performed: \_\_\_\_\_

Supervisor: \_\_\_\_\_ May we contact him/her? Yes \_\_\_\_\_ No \_\_\_\_\_

Phone number:(\_\_\_\_) \_\_\_\_\_

Address \_\_\_\_\_

**Education:**

Please list any educational degrees awarded, places, dates, and major fields of study:

***Volunteer Experience:***

**Organization:** \_\_\_\_\_

Dates: From \_\_\_\_\_ To \_\_\_\_\_

Position: \_\_\_\_\_

Duties performed: \_\_\_\_\_

Supervisor: \_\_\_\_\_ May we contact him/her? Yes \_\_\_ No \_\_\_

Phone number:(\_\_\_\_\_) \_\_\_\_\_

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

**Organization:** \_\_\_\_\_

Dates: From \_\_\_\_\_ To \_\_\_\_\_

Position: \_\_\_\_\_

Duties performed: \_\_\_\_\_

Supervisor: \_\_\_\_\_ May we contact him/her? Yes \_\_\_ No \_\_\_

Phone number:(\_\_\_\_\_) \_\_\_\_\_

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

**Organization:** \_\_\_\_\_

Dates: From \_\_\_\_\_ To \_\_\_\_\_

Position: \_\_\_\_\_

Duties performed: \_\_\_\_\_

Supervisor: \_\_\_\_\_ May we contact him/her? Yes \_\_\_ No \_\_\_

Phone number:(\_\_\_\_\_) \_\_\_\_\_

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

**Optional:**

Seven Tepees Youth Program does not recruit, hire, train, or promote persons in a manner that unlawfully discriminates on the basis of race, religion, gender, sexual orientation, national origin, color, ancestry, physical or mental disability, or age.

- 1. Date of Birth: \_\_\_\_\_ 2. Gender: \_\_\_\_\_ 3. Ethnicity: \_\_\_\_\_
- 4. Marital Status:  
Single: \_\_\_\_\_ Separated: \_\_\_\_\_ Married: \_\_\_\_\_ Divorced: \_\_\_\_\_ Widowed: \_\_\_\_\_
- 5. Living Arrangement: Alone: \_\_\_\_\_ Roommate: \_\_\_\_\_ With spouse/partner: \_\_\_\_\_
- 6. Number of Children: \_\_\_\_\_ (Boys: \_\_\_\_\_ Girls: \_\_\_\_\_)

**Short Essay:**

On a separate piece of paper, please address the following:

Why you want to work with youth?

What you will be able to contribute to a young person's life?

What experiences you have had that will make you an effective volunteer?

**Please Read Carefully:**

I understand that my acceptance as a Seven Tepees Youth Program volunteer is contingent on the following additional screening information:

-Reference check:

*Please attach the names and numbers of two professional and one personal*

-Fingerprint clearance

-If transporting youth in own car:

a.) Valid California driver's license

b.) Current automobile liability insurance

c.) Enrollment in the Department of Motor Vehicles Pull Program

I certify that answers given herein are true and complete to the best of my knowledge.

I understand that it will be necessary for Seven Tepees to investigate my background and check my character references. I hereby give my consent for this information exchange and authorize such agencies to release any information requested by Seven Tepees Youth Program.

\_\_\_\_\_  
***\*Signature of Applicant\****

\_\_\_\_\_  
Date

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