

Drug-Free Youth Coalition Volunteer Enrollment Form

Please Print or Type

Return Form To: Care First Education LLC

P.O. Box 186

Stewartstown, PA17363

or

samantha@carefirsteducation.com

PERSONAL INFORMATION:

Name: _____
(Mr./Mrs./Ms./Miss.) (First) (MI) Last

Address: _____ **City:** _____ **Zip:** _____

Home phone: (____) _____ **Cell phone:** (____) _____

Date of birth: ____/____/____ **Email:** _____

EXPERIENCE:

Are you retired? Yes No Previous/current occupation: _____

Previous/current employer: _____

Are you currently volunteering? Yes No

If "Yes", where? _____

Briefly explain your volunteer duties: _____

When are you available to volunteer? Monday Tuesday Wednesday Thursday Friday Saturday

Mornings	_____	_____	_____	_____	_____	_____
Afternoons	_____	_____	_____	_____	_____	_____

EMERGENCY INFORMATION:

Name: _____ **Relationship:** _____

Address: _____ **Phone:** _____

PHOTO RELEASE:

I, _____, DO/ DO NOT (CIRCLE ONE) grant the Drug-Free Youth Coalition Center to take my picture for the purpose of promoting the Coalition

ACKNOWLEDGEMENT & CONSENT:

X _____
Volunteer Signature Date

X _____
Coalition Director Signature Date

Drug-Free Youth Coalition
SKILLS & INTEREST FORM

Name: _____

Date: _____

*Please print clearly

Please indicate with an X those skills/talents/strengths you wish to share through volunteering!

Skill Set	Basic	Moderate	Advanced
Leadership: Board Member (Select Sector Below)			
1) Youth (18 or Younger)			
2) Person Legally Responsible for Youth (Parent, Grandparent, Foster Parent Etc.)			
3) School			
4) Youth-Serving Organization			
5) Religious or Fraternal Organization			
6) Law Enforcement			
7) Healthcare Professional			
8) Media			
9) Business			
10) Government Agency with Substance Use Expertise			
11) Other Organizations with Substance Use Expertise			
Office			
Business			
Data Entry			
Grant Writing			
Fundraising			
Social Media Marketing			
Event Planning			
Legal			
Computer			
Medical Billing			
Phone Work			
Web Design			
Scheduling			
Writing/Editing			
Community Outreach			
Recruitment			
Event Planning			
Public Relations			
Phone outreach			
Web Design			

Stewartstown Area Senior Center SKILLS & INTEREST FORM

Name: _____

Date: _____

Direct Community Support	Basic	Moderate	Advanced
Medical / Nursing / Support Staff			
Social Work / Mental Health			
Counseling			
Driving			
Activities/Skill Building			
Music (Please Identify)			
Sewing			
Fitness (Please list areas)			
Handyman Work (Please identify areas)			
Populations			
Bilingual (Please list languages)			
Sign language			
Working with Elderly			
Working with Parents			
Working with Substance Misuse			
Working with those with Disabilities			
Working with Youth			
Working with Adults			
Please Add Other Skills/Interests:			

Please add any comments or additional skills and/or talents you would like to share: