



*"I volunteer with Jackson Street because our youth need positive role models to help them grow into strong, confident, productive young adults."*  
 – Current Jackson Street Volunteer

## Volunteer Application

**Please leave blank - For office use only**

Interview #1: _____	Sex Offender Registry: _____
Interview #2: _____	Security Photograph on file <input type="checkbox"/>
BG✓ Sent: _____	Preferred County: _____
Approved: _____	Orientation Sent: _____
Fingerprints Required <input type="checkbox"/>	Orientation Complete <input type="checkbox"/>
Approved Driver Documents:	Other Certifications:
<input type="checkbox"/> Driver's License	<input type="checkbox"/> Food Handler's
<input type="checkbox"/> Full Coverage Insurance	<input type="checkbox"/> CPR
<input type="checkbox"/> 3-Year DMV record	<input type="checkbox"/> First Aid
<b>Comments:</b>	

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

Legal Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Preferred First Name: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Best Time and Way to Contact: \_\_\_\_\_

**Please mark all volunteer opportunities you may be interested in:**  
 (these will be discussed in greater detail at the first volunteer interview)

- Activity Leader: What kind of activity? \_\_\_\_\_
- Preparing Meals (must have a Food Handler's Card)
- Gardening
- Community Tutoring
- On-site Tutoring (school-year commitment)
- Street Outreach
- Mentoring (one year commitment)
- Instructor for Independent Living Skills (ILS): circle the workshops you would feel comfortable leading
 

<input type="checkbox"/> Resume Building	<input type="checkbox"/> Self-Care/Stress Management	<input type="checkbox"/> Community Resources
<input type="checkbox"/> Interviewing Skills	<input type="checkbox"/> Housing/Home Improvements	<input type="checkbox"/> Internet Safety
<input type="checkbox"/> Healthy Eating/Nutrition	<input type="checkbox"/> Education/Trade Options/FAFSA	<input type="checkbox"/> Healthy Relationships
<input type="checkbox"/> Money Management		
- Other? \_\_\_\_\_

What times are you available to volunteer? (Please mark below)

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
AM							
PM							

How many hours per week would you like to volunteer? \_\_\_\_\_

Are you volunteering for a class or other credit-based group? If yes, how many hours/week do you need? \_\_\_\_\_

What languages are you fluent in (other than English)? \_\_\_\_\_

Do you have a car? \_\_\_\_\_ Are you willing to drive? \_\_\_\_\_  
(Proof of full coverage insurance and a DMV driving record will be required)

How did you hear about Jackson Street Youth Services?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Why are you interested in volunteering with Jackson Street?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please describe current and previous volunteer positions:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please describe previous experience working with youth:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

References:

\_\_\_\_\_  
Name Relationship Telephone Number

\_\_\_\_\_  
Name Relationship Telephone Number

**\*Background checks and training are required for all positions\***

Please complete and return to Aaron Kratzer, Volunteer Coordinator, at Jackson Street Youth Services  
Questions? Contact via email: [Aaron.Kratzer@jacksonstreet.org](mailto:Aaron.Kratzer@jacksonstreet.org) or phone: 541-360-0868

*"I volunteer to be of service to our community, and to try to make it a better place. Youth are our future, and Jackson Street Youth Services is a way to provide help to those who might otherwise not get it." – Current Jackson Street Volunteer*