



Volunteer Application

We appreciate your interest in volunteering with us! Please fill out this form and we will contact you with regards to your inquiry as soon as possible.

Email: _____

First and Last Name: _____

Phone Number: _____

Preferred contact method:

☐ Phone ☐ Email

Zipcode: _____

Our program requires all staff and volunteers to be age 21 years or older. Do you qualify?

☐ Yes ☐ No

Are you inquiring as a group or an individual?

☐ Individual ☐ Group

Do you agree to allow us to run a background check?

☐ Yes ☐ No

What are the days that you would like to volunteer? _____

How did you hear about Project 360 Youth Services?

- ☐ Email
- ☐ Friend/Family
- ☐ Letter
- ☐ Phone Call
- ☐ Social Media (Facebook, Instagram, Twitter, etc.)
- ☐ Workplace
- ☐ Other (please specify): _____

In what volunteer activities are you interested in?

- ☐ Career/Workforce Development
- ☐ Education Development
- ☐ Wellness (fitness, arts, games, music, poetry)
- ☐ Life Skills
- ☐ Enrichment/Empowerment
- ☐ Kitchen/Organizing/Cleaning
- ☐ Open to All
- ☐ Other (please specify): _____

Please tell us why you are interested in volunteering: _____
