

900 Jordan Street, Ste. 102 Shreveport, LA 71101 (318) 425-4413 Fax (318) 227-0208 www.vyjla.org

## VOLUNTEERS FOR YOUTH JUSTICE VOLUNTEER APPLICATION

DATE	
NAME	DOB
ADDRESS	
TELEPHONE #	EMAIL:
EMPLOYER	
ADDRESS	
TELEPHONE #	
SEX: M F	
EDUCATION (Circle highest grade completed)	
High School – Grade 9 10 11 12 College 1	2 3 4
Other	Field of study
Are you currently enrolled in school?	
Explain	
VOLUNTEER EXPERIENCE/CIVIC ACTIVITIES	S
How did you hear about VYJ?	
Describe briefly skills, interests or strengths that you	

Is there anything you prefer NOT to be called up	on to do?
Describe	
What do you hope to gain from your participation in VYJ?	
Military Service	Discharge date
Have you ever been convicted of an offense othe would not necessarily bar you from participation for a police background check to be made?	in the program.) Do you give your permission
Do you certify that all information in your application that all references will be checked?	eation is true? Do you understand
Signature of applicant	
Date	
Please notify the Director of any change in perso current. We also ask that the Director be notified	
REFERENCES	
Name	Relationship
Address	
Telephone	
Name	Relationship
Address	
Telephone	
Name	Relationship
Address	
Telephone	