



Volunteer Application

**Please write as legibly as possible. If you need more writing space, attach pages to the end of this application.*

Date: ____/____/____

Personal Information

Full Name: _____ Date of Birth: ____/____/____

Street Address: _____ City: _____ State: ____ ZIP: _____

Email: _____ Cell phone: (____) _____ - _____

Work phone: (____) _____ - _____ Home phone: (____) _____ - _____

Preferred method of contact: Home Phone Cell Phone Work Phone Email

What is the best day/time to reach you? _____

Gender: Female Male Trans FTM Trans MTF Gender Queer Other: _____

Orientation: Lesbian Gay Bisexual Pansexual/Polysexual
 Questioning Straight Ally Other: _____

I am out: at work, with my family, in public. Not out Not applicable (Heterosexual)

If you are volunteering with a group, what is the name of your group/group contact? _____

The company I work for has a matching fund for hours that I volunteer: Yes No

If yes, what company do you work for? _____

Education

Check last year completed: 8 9 10 11 12 College or Special Graduate 13 14 15 16 17 18

School Name: _____

Location: _____ Major/ Degree: _____

Other schooling or relevant training: _____

Employment

Employer: _____

Address: _____ Telephone: (____) _____ - _____

Last job title: _____ Immediate supervisor: _____

Employment dates: ____/____/____ to ____/____/____ Currently employed at this company

List the jobs you held, duties performed, and skills used or learned while you worked at this company: _____

Reason for leaving: _____

May we contact the employer listed above? Yes No If no, please state why: _____

Are you currently: Employed Full-time Employed Part-time Retired Unemployed

Experience Working with Youth *(paid or volunteer)*

Organization: _____

Address: _____ Telephone: (____)____ - _____

Last job title: _____ Supervisor/Coordinator: _____

Dates: ____/____/____ to ____/____/____ Currently work/volunteer at this organization

List the jobs you held, duties performed, and skills used or learned during this experience: _____

Reason for leaving: _____

May we contact the supervisor listed above? Yes No If no, please state why: _____

Volunteer Experience *List organizations (civic, cultural, religious, etc.) where you are or have been active.*

Organization: _____

Address: _____ Telephone: (____)____ - _____

Supervisor/Coordinator: _____

Volunteer dates: ____/____/____ to ____/____/____ Currently volunteer at this organization

List the jobs you held, duties performed, and skills used or learned during this experience: _____

Reason for leaving: _____

May we contact the organization listed above? Yes No If no, please state why: _____

Organization 2: _____

Address: _____ Telephone: (____)____ - _____

Supervisor/Coordinator: _____

Volunteer dates: ____/____/____ to ____/____/____ Currently volunteer at this organization

List the jobs you held, duties performed, and skills used or learned during this experience: _____

Reason for leaving: _____

May we contact the organization listed above? Yes No If no, please state why: _____

Please list two personal or professional references (NOT relatives or significant others).

Name: _____ Position/Job title: _____

Email: _____ Phone: (____) _____ - _____

Relationship to you: _____ Known how long: ____years ____months

Name: _____ Position/Job title: _____

Email: _____ Phone: (____) _____ - _____

Relationship to you: _____ Known how long: ____years ____months

Have you ever been convicted of or pled guilty to a crime (felony or misdemeanor, except minor traffic violations)? Yes No

If yes, please state when, where, and the final outcome: _____

Please explain your interest in mentoring LGBTQ youth. _____

How did you hear about this organization? _____

Volunteer Opportunities

I am available to volunteer _____ hours per month. I can start volunteering: ____/____/_____

Please check the boxes below of volunteer opportunities that interest you.

Youth mentor

Best evening(s): Wednesday Thursday Friday any

Best time(s): 3pm-6pm 6pm – 9pm 8pm– 11pm (Fridays only) any

How often? once a week once a month twice per month other: _____

Food donor/facilitator

Best evening(s): Wednesday Thursday Friday any

How often? once a week once a month twice per month other: _____

Youth tutor - One-on-one or group settings are both offered

Best evening(s): Wednesday Thursday Friday any

How often? once a week once a month twice per month other: _____

Fundraising events volunteer

- Art Auction
- Fall Benefit

Miscellaneous jobs around IYG:

- Administrative (organizing, filing, etc.)
- Yard work
- Maintenance
- Other: _____

Youth programming volunteer:

- Coordinating art projects
- Poetry/writing classes
- Helping with schoolwork
- Any other skills you could share: _____

Youth events volunteer:

- Talent show (January)
- Holiday parties
- Prom (May/June)
- Pride parade & float (June)

Other:

- Marketing/Social Media
- Website design/updating
- Newsletters
- Speaking engagements
- Bilingual - Spanish/English? _____

I certify that all of the statements in this application are true and complete to the best of my knowledge. I understand that a false or incomplete answer may be grounds for not considering me or for my dismissal.

Signature: _____ **Date:** ____/____/____

Thank you for your interest in becoming a volunteer at IYG.
If you have any questions, please contact Kyle Casteel, Volunteer Coordinator,
at volunteer@indianayouthgroup.org or 317.541.8726 x227.

Please mail (or drop off) this application along with your \$15 to Kyle Casteel, Volunteer Coordinator at:

**Indiana Youth Group,
4701 N Keystone Ave.
Floor 2
Indianapolis, IN 46205**