



MENDOCINO COUNTY YOUTH PROJECT

776 S. State Street, Suite 107, Ukiah, CA 95482
707-463-4915 (phone) 707-463-4917 (fax)
www.mcyp.org

VOLUNTEER/INTERN SUPPLEMENTAL APPLICATION

NAME: _____

What experience have you had working with youth? _____

Special skills, training, interests, or hobbies _____

Previous or present volunteer positions _____

Have you ever been terminated from a job? _____

What language(s) do you speak? _____

Preference in volunteer work _____
(more about this on page 2)

Days and times available _____

Length of commitment sought _____

What physical considerations should be taken into consideration in arranging volunteer assignments for you? _____

Do you have car insurance? Yes No

Name, address, and phone number of personal references:



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Do you want your name and/or photo used as a MCYP volunteer for appeals, newspaper articles, fundraising, etc.? Yes No

Age group Preference:

5-9 9-12 12-14 14-16 16-18

Prefer to work with:

Boys Girls Either Adults

List some of your skills or abilities that may be relevant for youth or community programs:

Rate the following activities

- 1. = most preferred
- 2. = preferred
- 3. = acceptable
- 4. = all right, but...
- 5. = I'd rather not
- 6. = not me!

Groups co-facilitator _____ Mentor _____ Tutor _____ Off-site activities _____



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Clerical Assistance _____ Respite Home _____ Caregiver _____

Crisis Response _____ Conflict Resolution Skills _____

Educator (Drug and Alcohol Prevention) _____ Violence Prevention _____

In house referral information

Date application received _____

Interview date _____

Suggested volunteer position _____

Start date _____

Supervisor _____

Comments _____

VOLUNTEER COORDINATOR'S COMMENTS

DATE: _____
