

# Application for Youth In Action Summer Volunteer Program

Send to the Office of Volunteer Services, P.O. Box 6015, Columbia, MO 65205 or FAX to 442-8828  
Phone - 874-7499 ♦ volunteer@GoColumbiaMO.com ♦ www.GoColumbiaMO.com/Volunteer

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

Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_ **E-mail:** \_\_\_\_\_

Home phone: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Do you have any physical limitations that you wish to consider in your volunteer placement? Y N  
If yes, please describe:

Previous volunteer & Community experience: \_\_\_\_\_

Education: (circle highest grade completed) 5 6 7 8 9 10 11

How did you hear about the Youth in Action Summer Volunteer Program?: \_\_\_\_\_

Why do you want to be a part of this program? \_\_\_\_\_

## **Emergency Information:** (In case of emergency contact:)

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Other phone: \_\_\_\_\_

## **References:** Please list two personal references

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

I understand that I am not an employee of the City of Columbia and that any duties that I perform are as a volunteer. I agree to abide by the procedures set forth by the City of Columbia for my assigned volunteer duties. I grant permission for photographs or video clips to be taken of me during the YIA projects, and I understand that these pictures may be viewed by the public. I also understand that it is my responsibility to update any address, emergency, or other changes to the information on this form.

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

Parent/Guardian Signature (if under 18) \_\_\_\_\_