



## Volunteer Application

Urban Therapeutic Solutions encourages the participation of volunteers who support our mission empower at-risk youth and youth with disabilities to reach their highest potential. If you want to help marginalized youth overcome obstacles and pursue their goals, please complete this application. The information on this form will be kept confidential and will assist us in finding the most satisfying and rewarding volunteer opportunity for you.

First Name:

Last Name:

Phone:

Address:

City:

State:

Zip Code:

Email:

Birthdate:

Previous Volunteer experience:

Occupation:

Employer(for checking availability of volunteer matching funds):

Any special talents and skills you have that you feel would benefit our organization and/or our program participants? (general interests/hobbies)

Interests: Please indicate the areas of interest for volunteering. You may select multiple areas.

Administration (clerical, mailings, etc.)

Marketing

Board Member

Social Media

Fundraising

Youth Mentor

IT (website, CRM, computers, etc.)

job description is available at

[urbantherapeuticsolutions.org/getinvolved/](http://urbantherapeuticsolutions.org/getinvolved/)

Availability - rank each category by preference.

Days:      Mon      Tue      Wed      Thurs      Fri      Sat

Times:      Mornings (9-12)      Afternoons (1-3)      After School (3-5)      Evenings (5-7)



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Do you have any physical limitations that may interfere with your activities or that will require accommodation in order to permit participation?

If Yes, please explain:

Have you ever been convicted for violation of any laws?

If Yes, please explain:

Urban Therapeutic Solutions conducts an annual background check for all volunteers. You will be asked to submit an authorization form with this application. Please initial here acknowledge that you have been informed that the background check will be repeated annually.

Please provide two non-family references who can attest to your skills and abilities to volunteer in this position, your reliability, and your character.

Name: Relationship:

Phone: Email:

Name: Relationship:

Phone: Email:

Who should we notify in case of an emergency:

Relationship: Phone:

***As a volunteer, I agree to abide by Urban Therapeutic Solution's policies and procedures. I understand that the organization, its employees and affiliates cannot assume any any liability for any accident or health problem which may arise from any volunteer work that I perform for the organization. I agree that all the work that I do is on a volunteer basis and I am not eligible to receive any monetary payment or reward.***

Signature: Date:

If volunteer is under 18 years of age parent/guardian authorization:

Signature: Date:

Directions for saving and submitting your completed application:

If you are using the free version of Adobe Acrobat Reader, you cannot make changes to an existing PDF document. In order to save the completed form, click on "File" and select "Save As" from the dropdown menu. Save the completed application using a new filename. We suggest saving the completed application as "Vol App (first initial last name)" - this will make it easy for us to locate and process each application.

Email your completed application to [info@urbantherapeuticsolutions.org](mailto:info@urbantherapeuticsolutions.org)