

# North Shore Youth Council

P.O. Box 1286, Rocky Point, NY 11778

Phone: 631-744-0207 | Fax: 631-744-3565

## **VOLUNTEER FORM**

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

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

Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_

### Emergency Contact

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

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

Please list your outside hobbies or interests: \_\_\_\_\_

---

---

---

---

Why are you interested in becoming a volunteer? \_\_\_\_\_

---

---

---

---

Please list the names and phone numbers of three references:

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

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