



Preserving Our Past to Serve Our Future

YOUTH VOLUNTEER APPLICATION

Thank you for volunteering with the Friends of Johnston! We truly appreciate your time and effort. Please Print Clearly

Name: _____

Address: _____

City: _____

Email: _____ Cell phone: _____

Date of Birth: _____

School: _____ Grade: _____

Emergency Contact: Name: _____ Phone: _____

*****Students 18 years old and older must complete adult application and background check.**

Please mark the days and times that you are able to volunteer:

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
9-12							
12-5							

How many hours a week can you volunteer? _____

Relevant experience: _____

Special Skills: _____

Interests or Hobbies: _____