

Oxford-Addison Youth Assistance
Volunteer Application

Name: _____

Street Address: _____

City, Zip: _____

Phone Numbers: _____

E-mail Address: _____

Please check one of the following:

I am interested in applying as a Board Member. This requires attending a monthly Board Meeting.

I am interested in applying as a Task Volunteer.

We would like to know more about you. Please write a short paragraph to introduce yourself. Please let us know some of your background, interests, experience, and skills. _____

How often do you anticipate volunteering for Youth Assistance? Please select one or more:

Board Meetings (one evening per month)

Occasionally: _____ Activities per Year

Monthly: _____ Hours per Month

Other _____

The following volunteer opportunities may be available. Please circle any that interest you.

Mentoring

Youth Recognition

Fundraising

Youth Parties

Family Education

Board Membership

Public Relations

Other: _____

Signature: _____ Date: _____

Please send the completed application to: P.O. Box 372, Oxford, MI 48371 or
renee.lazoen@oxfordschools.org

This application will be submitted for review to the Boards of each of our local sponsors.

Thank you for your interest in Youth Assistance! We love our volunteers!