



Volunteer Application 2006/07

Date: _____

How did you hear about us? _____

Name:	
Address:	
E-mail:	Home phone:
Work phone:	Cell phone:

Why are you interested in volunteering with Streetside Stories?

What kind of volunteer work are you interested in? (Check all that apply)

- classroom work (2 hour classes during the school day (8:30-3:30 pm))
- Storytelling Exchange (6th grade writing program)
- Tech Tales (7th grade writing and digital storytelling program)
- after school work (1 .5 hour classes after school, 3:30-5:30)
- editing student stories
- journal-making parties
- mailing parties
- special events
- other _____

What is your experience working with youth? Have you ever been a teacher, tutor, student advisor, or mentor?

What language(s) do you speak and read?

Do you have any specific skills you would like to contribute to Streetside Stories?

How soon would you like to start?

If you will be working with young people, please list contact information for two references, preferably people who have seen you work with young people.

Name	Relationship	Home Phone	Work Phone
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Name	Relationship	Home Phone	Work Phone
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Who should we contact in case of emergency?

Name	Relationship	Home Phone	Work Phone
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The above information is accurate and correct to the best of my knowledge.

Signature: _____ Date: _____

Please fax, mail, or drop off this application.