



Prevention
and **Youth Services**
Drug Education Center

Volunteer Form

Date: _____

Name: _____ Over 18 ___ Under 18 ___

Address: _____
Street City Zip

Phone: Home: _____ Other: _____

Background Experience: _____

Days and Hours Available: _____

Type of Work Suited for/Looking for: _____

Volunteer possibilities include: Teen Tobacco Initiatives, Yard Work, Maintenance, Data Entry, Clerical Assistance, Art Projects, and Group mentoring/activities with youth etc.

NOTE: Any ongoing adult volunteering with the agency will need to first have clearance from Child Protective Services and a Criminal Record Check. You must be mentor trained (12 hours) to work with ongoing youth support groups. There is no charge for these checks or training.