BROOKLYN YOUTH ASSOCIATION

Fredrick Fulford, Chairperson**; Norma Branch,** President**; Leroy Branch,**Treasurer
422 Pacific Street ; **Brooklyn, New York 11217** ; **Telephone: (917) 658-6773** ; **(917) 496-4221**

VOLUNTEER APPLICATION

Welcome to Brooklyn Youth Association (BYA). Filling out this application is the first step in turning your talents and skills into positive action for the youth of our community. The information you provide will only be used in relation to volunteer assignments and will not be made available to the general public. One application per person please.

NAME AND ADDRESS

Last Middle First

Address City, State Zip code

Work Phone Cell Phone Home Phone

Email address

PERSONAL INFORMATION

Please complete. Only applicants under age 18 MUST include date of birth.

Date of Birth if under 18 (xx-xx-xxxx) Driver's License #

Name of employer or school

Address City, State Zip code

Highest Education Level:

PRIOR CONVICTION Yes No

If you've ever been convicted of a felony or a misdemeanor please provide details in the box below. List all convictions (including date and name of court where convicted) after your 18th birthday. (You are not required to list a record which has been expunged.) A "yes" answer is not an automatic bar to placement, but an untrue answer will disqualify you.

EMERGENCY CONTACT:

First & Last Name: Telephone Number

ABOUT YOU **Please tell us about your interests and skills:**

WHAT DAYS & TIMES ARE YOU AVAILABLE TO VOLUNTEER:

By signing this application, I certify that all statements I have made on my application are true and correct and I hereby authorize Brooklyn Youth Association to investigate the accuracy of this information. I am aware that fingerprinting may be required before placement in some positions. I understand that I am working at all times on a voluntary basis, without monetary compensation or benefits, and not as a paid employee. As a Brooklyn Youth Association volunteer, I give the Brooklyn Youth Association permission to use any photographs or videos made of me during my service without obligation or compensation to me. I understand that the Brooklyn Youth Association reserves the right to terminate a volunteer's services at any time.

Signature: Date**:**