

Project CITY Volunteer General Information

Name: _____ DOB: _____

Address: _____

Telephone #: _____

Cell # (optional): _____

Email: _____

Sex: Male _____ Female _____

Ethnicity: (specify)

1. Asian _____
2. Hispanic _____
3. White (non-Hispanic) _____
4. African American _____
5. Other _____

Household Type:

1. Two Parent: _____
2. Single Parent: _____
3. Independent: _____

of Years in the US: _____

Emergency Contact:

Name: _____

Contact #: _____

Relationship: _____

Signature: _____

Date: _____

Project CITY Volunteer Questionnaire (1 of 3)

Name: _____

DOB: _____

Name of Current School: _____

Current Grade Level: _____

Are you planning on entering college? Yes _____ No _____

What are you considering as your major? _____

Extra-curriculum Activities and Volunteer Activities

1. Are you currently involved with any extracurricular activities in school: (teams/clubs) No ___ Yes ___

If YES, please list:

- A. _____
- B. _____
- C. _____
- D. _____

2. Are you involved with any extracurricular activities outside of school: No ___ Yes ___

If YES, please list:

- A. _____
- B. _____
- C. _____
- D. _____

3. Does your HS have a community service requirement? YES _____ NO _____

4. Have you done any previous community service/ volunteer work? YES _____ NO _____

If yes, please list the type of work that you have done:

5. Why do you want to volunteer at the YWCA?

COMMUNITY SERVICE:

1. Are you interested in taking a leadership role for Project CITY? YES _____ NO _____

2. Reason for doing community service: 1. I like it _____ 2. Looks good for college _____
3. I need it for graduation _____ 4. Job experience _____

Other (explain): _____

Project CITY Volunteer Questionnaire (2 of 3)

Name: _____

DOB: _____

HEALTH:

1. Are you allergic to anything: YES _____

NO _____

Please List: _____

2. Are you prohibited by your doctor to do certain types of physical activities:

YES _____ NO _____

Please Explain: _____

3. Do you have any medical conditions that would affect your participation in Project CITY?

YES _____ NO _____

Please Explain: _____

4. Are you currently on any medication?

YES _____ NO _____

Please list: _____

YWCA Volunteer Placement:

1. After-School Program _____
2. Korean School (Saturday) _____
3. Administration _____
4. Summer School _____
5. Youthology (Newsletter) _____
6. One-on-one tutoring _____

Other Volunteer Placements:

Are you interested in being placed into a community service organization: (mission, soup kitchens)

YES _____ NO _____

If YES, please list any specific placements (if any):

Project CITY Volunteer Questionnaire (3 of 3)

Name: _____

DOB: _____

WORK EXPERIENCE:

Have you ever been employed? YES _____ NO _____

If YES, where/position/length:

1. _____
2. _____
3. _____

Computer skills:

1. Are you familiar with Microsoft Word? YES _____ NO _____
2. Are you familiar with Microsoft Publisher? YES _____ NO _____
3. Are you familiar with Microsoft Excel? YES _____ NO _____
4. Are you familiar with Microsoft power point? YES _____ NO _____
5. Are you familiar with Wordperfect? YES _____ NO _____

Can you type? YES _____ NO _____

If YES, how many words a minute: _____

Other office skill: (Please List)

Please list all skills that you possess (Creative or technical):

1. _____
2. _____
3. _____
4. _____

The YWCA of Queens often has workshops to expand the knowledge of our youth community. As a youth member of the Queens community, what type/kind of workshops would you like to participate in:

1. Career Workshops _____
2. College Planning _____
3. AIDS/ STD's _____
4. Sex/ Pregnancy _____
5. Building Financial Security _____
6. Relationships _____

Other (please list):

Signature: _____

Date: _____