



**YOUTH PROGRAM VOLUNTEER APPLICATION**

*Please complete the following application. All volunteers working with the youth program **must** pass a CORI check prior to their start date.*

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_

EMAIL: \_\_\_\_\_

How did you hear about us? \_\_\_\_\_

Past Volunteer Experience: \_\_\_\_\_

Why do you want to work with our youth program? \_\_\_\_\_

Personal Reference: \_\_\_\_\_ Phone # \_\_\_\_\_

Business Reference: \_\_\_\_\_ Phone # \_\_\_\_\_

In case of emergency while you are volunteering, whom should we contact?  
Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship \_\_\_\_\_

**Release Of Liability:**

I hereby release Lowell Association for the Blind, at 169 Merrimack Street 2<sup>nd</sup> floor, Lowell, Ma 01852 from any and all liability due to accident or injury, which might occur during my participation in volunteer activities.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Volunteers under the age of 16 years must be accompanied by an adult while volunteering.**

**VOLUNTEER AVAILIABILITY:** *Please write in the day and time of availability.  
Most programs occur within the hours of 9am and 4pm.*

**Day Available** **Times Available**

\_\_\_\_\_ Saturday \_\_\_\_\_

\_\_\_\_\_ Sunday \_\_\_\_\_

\_\_\_\_\_ Wednesday \_\_\_\_\_

(Wednesday programs only occur July-August)

**Authorization for Release of Negatives, Photographs, Videos and/or Names:**

I authorize use of photographs, negatives, videos, and my name (as a member of the Lowell Association for the Blind). I give the Lowell Association for the Blind permission to use any of these for public relations purposes or other appropriate purposes. I understand that these photographs, negatives, videos, and names will be used at no personal expense or financial gain.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_