

# JUNIOR VOLUNTEER APPLICATION

## ASLAN YOUTH MINISTRIES

65 West Front Street ♦ P.O. Box 270, Red Bank, NJ 07701

Voice: (732) 741-7824 ♦ Fax: (732) 741-3284

(Please Print)

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

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_

(Number and Street)

Email \_\_\_\_\_

(City, State, Zip)

Name of Parent/Guardian: \_\_\_\_\_

In case of emergency, notify:

Name	Relationship	Phone #
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School (Name and Town): \_\_\_\_\_

School Contact: \_\_\_\_\_

How did you hear about our volunteer program?

Name other activities you have participated in:

Have you ever worked with younger children before? If so please describe:

Have you ever done volunteer work before? If so, describe:

Interests, skills, hobbies:

What do you expect to gain from your tutoring experience?

(Please Continue on other side)

