

-----Office Use Only-----

Program _____	Start Date _____
Junior Buddy _____	Date Matched _____



87 King Street  
P.O. Box 1615  
Burlington, VT 05402  
802-862-6736  
Gabe Tufo-Strouse, Volunteer Coordinator  
gabriella@kingstreetcenter.org

**Volunteer Application**

**Personal Information**

Name \_\_\_\_\_ Date \_\_\_\_\_  
                    First                                      Last

Address \_\_\_\_\_  
                    Street                                      City                                      Zip

Home phone # \_\_\_\_\_ Work phone # \_\_\_\_\_

Cell phone # \_\_\_\_\_ Email \_\_\_\_\_

Occupation \_\_\_\_\_ Employer \_\_\_\_\_

Business Address \_\_\_\_\_ Phone \_\_\_\_\_

Most Recent Education \_\_\_\_\_

College \_\_\_\_\_ Graduation \_\_\_\_\_

Area of Study \_\_\_\_\_ Degree \_\_\_\_\_

List your two most recent employment positions:

	<u>Company/Organization</u>	<u>Position</u>	<u>Dates</u>
1.	_____	_____	_____
2.	_____	_____	_____

List your two most recent volunteer positions:

	<u>Organization</u>	<u>Position</u>	<u>Dates</u>
1.	_____	_____	_____
2.	_____	_____	_____

**Background Information**

What are your skills, interests, hobbies (please be specific):

\_\_\_\_\_  
\_\_\_\_\_

What foreign languages do you speak, if any? \_\_\_\_\_

Why do you want to be a volunteer at King Street Center?

\_\_\_\_\_  
\_\_\_\_\_

Days and Hours Available: (specify hours, e.g. *M 2p-4p*)

M\_\_\_\_\_ Tu\_\_\_\_\_ W\_\_\_\_\_ Th\_\_\_\_\_ F\_\_\_\_\_ Sa\_\_\_\_\_ Su\_\_\_\_\_

How did you hear about the King Street Center? What aspect(s) of KSC are you interested in?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**References:** Please list four people (other than relatives) who have known you for one year or longer that we may contact, especially any involving youth work! (Only three will be contacted.)

<u>Name</u>	<u>Best time to call</u>	<u>Phone #</u>	<u>Relationship</u>
1. _____ First Last Time Phone Relationship to you			
2. _____ First Last Time Phone Relationship to you			
3. _____ First Last Time Phone Relationship to you			
4. _____ First Last Time Phone Relationship to you			

**In Case of Emergency:** (Specify who King Street should call in case of emergency...)

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

I, the undersigned, certify that the information specified above is true to the best of my knowledge.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date



United Way of  
Chittenden County