

The Alcove
YOUTH VOLUNTEER APPLICATION FORM

Name: _____ Date: _____

Address: _____

City _____ State _____ Zip _____

Phone:(H) _____ (Cell) _____ E-mail: _____

Birth date [month/day/year] _____ Age: _____

Volunteer Experience: _____

Availability/Preferred Day(s) & Time(s) to Work: [i.e., Tuesday Mornings, Thurs. 1:00-3:00...]

Hobbies/ Special Interests: _____

THIS SECTION TO BE COMPLETED BY PARENT/GUARDIAN

Name of Parent/Guardian: _____

Home Phone #: _____ Cell Phone# _____

Does child have any medical concerns/history we should be aware of? _____

Please tell us how you heard about The Alcove: _____

Signature of Parent/Guardian
Authorizing Permission for Youth to Volunteer

Date

Kindly Return Completed Application Form to:

The Alcove Center for Grieving Children & Families
950 Tilton Road ~ Suite 108
Northfield, NJ 08225
609-484-1133
fax: 609-484-3188
www.thealcove.org