



REACH ASHLAND YOUTH CENTER

Volunteer INTEREST FORM

Referred By: _____

Last Name	First Name	Phone Number
Street Address City, State, Zip		Nick Name if applicable
Email		Best way to contact
Have you ever been employed by Alameda County? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Have you ever been finger printed and background checked by Alameda County (livescan, etc.) <input type="checkbox"/> Yes <input type="checkbox"/> No		

<p><u>Is there an interest in a particular area?</u></p> <p><input type="checkbox"/> Recreation</p> <p><input type="checkbox"/> Education</p> <p><input type="checkbox"/> Arts & Creativity</p> <p><input type="checkbox"/> Career & Employment</p> <p><input type="checkbox"/> Health & Wellness</p> <p><input type="checkbox"/> Library</p> <p><input type="checkbox"/> Fuente/La Clinica</p> <p><input type="checkbox"/> The Bite</p>	<p><u>Experience:</u></p> <p>How many years you worked with young people?</p> <p>Organization _____ # of years _____</p> <p>Organization _____ # of years _____</p>
<p>Availability:</p>	<p>Are you willing to be finger printed and background checked? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p><u>Organization Alignment:</u> How do your values support REACH's Vision, Mission and Core Values?</p>	
<p>Describe your experience working with youth.</p>	



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Describe your volunteer experience.

If you are seeking professional development in the areas of youth leadership, youth advocacy or youth development, please explain what is your area of interest and why.

If you are seeking professional development, what skill and or knowledge are you hoping to gain or learn?

PLEASE LIST REFERENCES:

NAME _____ **TITLE** _____

PHONE NUMBER _____ **EMAIL** _____

NAME _____ **TITLE** _____

PHONE NUMBER _____ **EMAIL** _____

Thank you for your interest in volunteering with REACH. Please return this form to Jamie.Hintzke@acgov.org, (510) 481 4596.