



Positive Alternative Recreation Teambuilding Impact Program PARTICIPANT APPLICATION

Name

Date of Birth

School Attend

Phone Number

Home Address

City, State

Zip

Grade

Ethnicity

Email Address

What can we help you with:

- Mentor Program
- Planning events/Performing
- Recreational Activities
- Volunteering
- Help me prepare for college
- Help me find a job
- Help me do better in school
- Help me stay out of trouble

Parent signature required

Parents Name

Phone Number

Parent Signature

Phone Number

Home Address

City, State

Zip

Student Section Optional

Do you speak a foreign language? Yes No If yes, which language _____

Do you drive? Yes No Do you have regular access to a car? Yes No

Current community activities: _____

List current and previous volunteer work (list all previous volunteer work including brief description of duties and activities, dates of service.):

As a PARTI volunteer you may be required to attend activities in various locations throughout the City you volunteer in. Will you be able to arrange your schedule to attend these events?

Yes No

Are you willing to commit to two one year of volunteer services? Yes No

What are your reasons for wanting to participate as a PARTI volunteer?

How did you learn of our program: _____

Have you ever been convicted of a crime other than a traffic violation? Yes No

High School: 9 10 11 12 College: 1 2 3 4 Graduate: 1 2 3 4

Major: _____

Degree: _____

Name of school: _____

Work/Volunteer History:

Name or address of present or last employer or volunteer project:

Dates: _____ Supervisor's name: _____

Brief description of work: _____

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AUTHORITY TO RELEASE INFORMATION