

Please return completed application to [volunteer@newahec.org](mailto:volunteer@newahec.org); Fax to 920-652-0617; or mail to  
VolunTEEN Program at 925 South 15<sup>th</sup> Street Manitowoc, WI 54220

**Application is due by Thursday, April 27<sup>th</sup>**

**Volunteer Information** (Please Print)

Name: \_\_\_\_\_ Today's Date: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

PHONE: Home (\_\_\_\_\_) \_\_\_\_\_ Student Cell (\_\_\_\_\_) \_\_\_\_\_

Guardian Cell (\_\_\_\_\_) \_\_\_\_\_

Student Email: \_\_\_\_\_ Guardian Email: \_\_\_\_\_

Birthdate: \_\_\_\_\_ Grade in 2017-2018 School Year: \_\_\_\_\_

Graduation Year: \_\_\_\_\_ High School you attend: \_\_\_\_\_

Do you have a volunteer requirement to fulfill for school? (circle one)      Yes      No

What is it for? (Graduation, Class, NHS, etc.) \_\_\_\_\_

How many hours are required? \_\_\_\_\_ When are they due? \_\_\_\_\_

Do you have previous volunteer experience? (circle one)      Yes      No

Where? \_\_\_\_\_ Type of Work: \_\_\_\_\_

How long/How many hours? \_\_\_\_\_

Do you have a driver's license? (circle one)      Yes      No

Do you have a reliable form of transportation? (circle one)      Yes      No

What? \_\_\_\_\_

Are you employed? (circle one)      Yes      No

If so, where? \_\_\_\_\_

How often do you work? (hours, days, etc.) \_\_\_\_\_

What are your Guardians' occupational backgrounds?

Guardian 1 Occupation(s): \_\_\_\_\_

Guardian 2 Occupation(s): \_\_\_\_\_

Have you ever been convicted of a felony? (circle one)      Yes      No

If yes, indicate type and please explain: \_\_\_\_\_

**Tell us about yourself!**

We want to know a little more about you! This information will help us determine where to place you for volunteer service and to learn why you are interested in participating in our program.

What are your passions? What do you love to do? What about yourself would you like to share with others? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What extracurricular activities are you involved in? When do you participate in them (spring, fall, year round, etc)? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What are your long-term goals after graduation? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What experiences are you looking to gain from volunteering? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do you have any specific skill sets/knowledge/certifications/etc? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please check the general fields that you may be interested to volunteer with. If you have a preference, please number them, with 1 being your first choice.

- |                                |                       |                           |
|--------------------------------|-----------------------|---------------------------|
| _____ Healthcare               | _____ Outdoors        | _____ Gardening           |
| _____ Working with Adults      | _____ Arts/Crafts     | _____ Leading activities  |
| _____ Working with Kids        | _____ Clerical/Office | _____ Assisting with work |
| _____ Other? If so what? _____ |                       |                           |

**Availability**

Please indicate the days and times you are available from June till August. The dates and times you have listed will NOT be your set schedule. After you are accepted to the program, times will be set with your volunteer location.

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
____ am/pm	____ am/pm	____ am/pm	____ am/pm	____ am/pm	____ am/pm	____ am/pm
to	to	to	to	to	to	to
____ am/pm	____ am/pm	____ am/pm	____ am/pm	____ am/pm	____ am/pm	____ am/pm

Will you be taking any vacations where you will be gone an extended period of time? (Longer than 5 days) If so when?

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**Reference**

Please list the individual you will be asking to fill out the Reference Form (attached at the end of the application). This individual should be a teacher or a Community member that can attest to your character. (Should not be members of your family and should be over the age of 18)

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

**Emergency Contact**

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

Phone: (\_\_\_\_\_) \_\_\_\_\_

**Volunteer Consent** (All volunteers)

I understand that I am signing this application to apply to NEWAHEC’s summer VolunTEEN program. I understand that this program will include a LifeSkills Training Course and hours volunteering with local community non-profits. I must participate in BOTH the LifeSkills Training Course and volunteer to participate in the program. I understand that if I am 18 years old, I may be required to undergo a background check. I am aware of the commitment I have made the responsibilities I must take on to participate in this program.

**Signature of Volunteer**

**Date**

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**Parental/Guardian Consent** (required for volunteers under the age of 18)

My son/daughter has my permission to serve as a volunteer with NEWAHEC’s VolunTEEN program. I understand NEWAHEC has partnered with non-profit community partners and my son/daughter will be doing their volunteer work with a community non-profit, not necessarily with NEWAHEC. I understand that this program gives him/her the opportunity to volunteer and to participate in NEWAHEC’s LifesSkills Training Course. I am aware of the commitment made by my son/daughter, and I agree to encourage him/her in this responsibility.

**Signature of Parent/Guardian**

**Date**

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## **Thank you for your interest in volunteering with us!**

Once all the applications are collected, NEWAHEC will contact YOU with the next steps. Applicants should understand that there is limited space in the program and applying does not guarantee you a spot. This program is NOT a first come, first serve program. Applications will be evaluated once all the applications and reference sheets have been received. An in person interview may be scheduled to further discuss your interests and discuss which volunteer placement may fit best. If you are accepted to the program, the applicant must commit to completing both the volunteer hours and the LifeSkills Training Course. If you have any further questions please contact Chloe or Michelle at [volunteer@newahec.org](mailto:volunteer@newahec.org) or at 920-652-0238.