



Youth Services System Inc.

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www.YouthServicesSystem.org

Volunteer Application Form

First and Last Name (print):	Date:
Street Address:	City, State, Zip:
Best Phone #:	Email Address:
Emergency Contact Name & Relationship:	Emergency Contact Phone #:
Are you over the age of 18 (circle): Yes No	Do you authorize text message contact (circle): Yes No

Why do you want to volunteer at YSS: _____

How many hours do you need: _____

What is your availability (list days and hours): _____

Desired location/program (if known): _____

Do you have a deadline to complete hours? If so, when? _____

Will YSS be required to submit confirmation of completed hours (circle): Yes No

Do you have any skills, special interests, or experience that you would like to use, if possible: _____

Liability Release: As a volunteer of Youth Services System, Inc., I understand that I volunteer at my own risk and that neither the organization nor its employees assume any liability for any accidental injury or health problems arising from volunteer work I perform for the organization. I agree that all work I do is on a volunteer basis and acknowledge that I am not eligible to receive any monetary payment.

Signature

Date