



Youth Services System, Inc.
87 15th Street
Wheeling, WV 26003
304-233-9627

Volunteer Application Form

First Name: _____

Last Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Email: _____

Age Verification: Are you over 18 years of age? Yes _____ No _____

Do you have skills, special interests or experience that you would like us to consider when placing you into an appropriate position?

Emergency contact:

Name: _____ Phone: _____ Relationship: _____

Liability Release:

As a volunteer of Youth Services System, Inc. I understand that I volunteer at my own risk and 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 I am not eligible to receive any monetary payment.

Name (Print)

Signature:

Date:

Please fill out this form and mail it to our mailing address, attach it to an email to **Holly Fox** at hfox1@ysswv.com, or drop it by our office.