



Youth Services System, Inc.  
87 15<sup>th</sup> 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 **Jane Dombroski** at [jdombroski@ysswv.com](mailto:jdombroski@ysswv.com), or drop it by our office.