



# Seton Youth Shelters

Changing Lives, Building Futures

## Volunteer / Intern Application

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[www.SetonYouthShelters.org](http://www.SetonYouthShelters.org)

Name: \_\_\_\_\_ Date: \_\_\_\_\_

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

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

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work: \_\_\_\_\_

Best number to contact you? \_\_\_\_\_

Email: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Gender: Male  Female

Primary Language: \_\_\_\_\_

Other Languages: \_\_\_\_\_

Current Employer: \_\_\_\_\_

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

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

Current Position: \_\_\_\_\_

Will you be compensated for volunteer hours through your company? YES  NO

If YES, will you need certification of your volunteer hours for your company? \_\_\_\_\_

I am interested in being a:

VOLUNTEER

INTERN

Court Ordered Service

**If you are interested in INTERN OPPORTUNITIES:**

School: \_\_\_\_\_ Current year in school: \_\_\_\_\_

Professor / Instructor: \_\_\_\_\_

Internship goal/ assignment/ task: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**If you are inquiring about COURT ORDERED SERVICE:**

Name of person making inquiry: \_\_\_\_\_

Is this request for you or someone else? If someone else Name & relationship to you:

\_\_\_\_\_

Age of person needing COURT ORDERED SERVICE: \_\_\_\_\_

School attending: \_\_\_\_\_ Offense charged with: \_\_\_\_\_

Date service needs to be completed by: \_\_\_\_\_

**If you are inquiring about VOLUNTEER OPPORTUNITIES:**

Are you inquiring for yourself individually or for a group?

SELF

GROUP

Group Name: \_\_\_\_\_

Areas of Service Interest(s) check all that apply:

Girls Shelter

Boys Shelter

HYPE Program

Mentor

Street Outreach Program

Special Events Volunteer:

Derby

Fashion Show

Other

\_\_\_\_\_

Special skills/ services: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Any other information you would like to share: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

When is the best time and way to contact you about your application?

Time of day: \_\_\_\_\_ Method of contact: \_\_\_\_\_

Have you ever volunteered for Seton Youth Shelters before? \_\_\_\_\_

Prior volunteer service: \_\_\_\_\_

Seton Youth Shelters is proud to be a *Presidential Volunteer Service Award – Certifying Organization*. All Seton volunteers (uncompensated and non-court ordered) and interns are eligible for earning volunteer credit hours toward annual award recognition from Seton Youth Shelters.

**If you are interested in earning PVSA award recognition for yourself or your group, please indicate here:**

YES  Please track my/our service for possible annual PVSA recognition!

NO  I/We do not wish to be award recognized for PVSA volunteer service at this time.

I understand that if selected for some areas of volunteer service / Internship with Seton Youth Shelters, that I may be required to have a criminal and DMV background check completed (at Seton's Expense) and may be subject to additional precautionary safety / eligibility checks or asked to provide additional information, prior to acceptance as a volunteer/ mentor/ intern, etc.; in the best interest(s) of the children we serve.

Please initial here: \_\_\_\_\_

I also understand that any volunteer/Intern/Court Ordered activity I choose to be involved in with Seton Youth Shelters may present some risk(s) of accident or injury and that I assume full responsibility for my safety and well-being while completing volunteer / internship or court ordered activities and maintain that I am physically capable of completing such actions. Please initial here: \_\_\_\_\_

I, the undersigned, understand and agree that in the course of my services with Seton Youth Shelters, any medical or personal information learned by me about any person who is a resident or employee of Seton Youth Shelters, is privileged information and is subject to all State and Federal laws. These laws protect the rights of clients who are housed in, serviced as part of Street Outreach, employed with or counseled at group home facilities.

I understand any information learned by me about any resident may not be discussed with anyone except authorized personnel of Seton Youth Shelters, unless otherwise approved by an authorized staff member.

I understand that a breach of a resident or client's confidentiality may result in immediate dismissal and that I could be subject to any applicable State and/or Federal regulations and laws: which include fines and/or imprisonment.

I state that I have read (and understand) this agreement. I further understand that this application / agreement will be retained in the personnel records file at Seton Youth Shelters main office.

\_\_\_\_\_  
Print & Signature (of applicant)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent / Legal Guardian (if applicant is under 18)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Seton Youth Shelters / Witness

\_\_\_\_\_  
Date