



YOUTH SPEAK OUT INTERNATIONAL

Youth Speak Out International Volunteer Consultant Registration Form

Mr. Mrs. Ms. Miss

Name: _____

Phone: Home _____ Cell: _____

Address: _____

City, State/Zip: _____

E-mail address: _____

Best time to be reached: _____

If you are participating through your employer or College volunteer program, please give us the name of a supervisor or person to whom you would like a "Thank You" letter sent, acknowledging your hours of participation in the program.

Supervisor or Professor's

Name: _____ Title: _____

1. Please check when you would be available and/or prefer to volunteer:

Available Day: M T W Th F

Middle School Elementary School

Available from 2pm – 6pm Time: _____

Grade preferred: _____

2. Have you been a YSO INT consultant before? Yes No

If so, where? _____



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3. Do you have any experience working with children? If yes, please describe:

4. Have you ever been convicted of a misdemeanor or a felony? ___Yes ___No

If yes, please explain:

5. Ethnic Diversity (Optional): ___Asian ___American Indian ___African American
___Hispanic/Latino ___Hawaiian/Pacific Islander ___Caucasian ___Multi-Racial
___Other

Emergency Contact Information:

Name: _____

Relationship _____ Phone _____

PLEASE COMPLETE THIS SECTION AND SIGN: After your training session with a Program Manager I understand that by agreeing to volunteer as a Youth Speak Out International Consultant, I agree to attend training before the program, and to teach the required lessons. This commitment is to the afterschool program facilitator and to the students in the class. If I am unable to participate, I will notify the YSO INT office immediately and will return any educational materials that I received. While taking part in a Youth Speak Out International program, I will meet with the students either in the classroom or an afterschool program facilitator- supervised activity only. By signing this form, I acknowledge receipt of Youth Speak Out International's Volunteer information.

Signature: _____

Name: _____

Date: _____