



Volunteer Application

Centre County Youth Service Bureau

325 West Aaron Drive, State College, PA 16803

Phone: 814-237-5731 – Fax: 814-237-2228

Name: _____

Address: _____ Phone: _____

_____ Cell Phone: _____

E-Mail: _____

How long do you plan to stay in the area? _____

Do you have a requirement to complete community service? Yes No

If Yes: Number of Hours you must complete _____ Completed by date ____/____/____

If No: Number of hours you would like to do: _____

Check areas in which you would be interested in volunteering:

- General (yard work, mailings, answering phones)
- Family Based Programs
- Residential Programs
- Prevention Programs

Do you have access to a car? Yes No Car Insurance: Yes No

How did you learn about YSB?:

Hobbies, Areas of Interest, Special Skills:

Please describe your primary goal for volunteering:

By signing below, I attest that the information in this application is true and correct.

_____/_____/_____
Signature Date