



Volunteer Application

Date: _____		
Name: _____	Date of birth: _____	
Address: _____	Email: _____	
Cell phone: _____	Home phone: _____	Work phone: _____

Thank you for your interest in volunteering with Street Youth Ministries (SYM). We have worked hard to craft an application that has no “correct” answers. Our hope is that you feel free to answer the following questions honestly, especially around areas where you’re still growing or learning.

1. How did you hear about SYM?
2. Why do you want to work with homeless youth?
3. What experience have you had working with teens or young adults? Homeless youth?
4. What do you anticipate might be difficult about working with homeless and street involved youth?
5. Where does your emotional and spiritual support come from?
6. What’s your experience with trying to fix people in your life?
7. Volunteer presence and volunteer listening are essential in working at SYM. How do you approach these two areas?
8. Many young people that SYM serves wrestle daily with addiction. Do you have experience with addiction in your own life? If so, how do you deal with it in yours or others’ lives?
9. Drop-in is a space in which we often need to de-escalate tense interactions. How comfortable would you be in those types of situations?

10. What kind of support or resources will you potentially want from SYM Staff? (i.e. tips on youth discipline, youth interactions, initiating conversations, what resources to give, etc.)
11. SYM's mission is to provide youth in Seattle's University District with life-skills, resources and relationships that bring hope and healing to their lives and the community. How do you see yourself supporting this mission?
12. What are any specific skills, talents or interests you might contribute to SYM?
13. Have you ever been accused or convicted of child abuse?
14. If you started to make strong connections at SYM, how willing and able are you to spend time outside of program with youth as a mentor?
15. Anything else you would like us to know about you or any additional questions for us?

References

Please list three people who have known you for more than one year and are not family. For example, a teacher, work supervisor, pastor, spiritual mentor, roommate or friend.

Name: _____

Relationship: _____

Address: _____

Daytime telephone: _____

Email: _____

Name: _____

Relationship: _____

Address: _____

Daytime telephone: _____

Email: _____

Name: _____

Relationship: _____

Address: _____

Daytime telephone: _____

Email: _____

Washington State Patrol

The following information is needed to request information from the Washington State Patrol to determine any criminal history related to child/adult abuse.

Given Name: _____
First Middle Last

Alias/Maiden Name: _____

Date of Birth: _____

Secondary dissemination of this information is prohibited unless in compliance with RCW 10.97.050



Please return the completed application via email to rowenah@streetyouthministries.org or mail to:
Street Youth Ministries; 4540 15th Ave NE; Seattle, WA 98105