



Volunteer Application Form

Name _____ Date _____

Address _____

City _____ State _____ Zip Code _____

E-mail _____ Phone _____ Cell _____

Past or Present Employer Name _____

Your Title _____ Your Responsibilities _____

Educational Background- School Name _____

Major _____ Graduation Date _____

How did you hear about Youth V.I.B.E., Inc.? _____

Briefly describe your interest in becoming a Youth V.I.B.E. volunteer?

What specific skills, talents, and areas of expertise would you bring to Youth V.I.B.E.:

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Availability Monday- _____ **Tuesday-** _____

Wednesday- _____ **Thursday-** _____ **Friday-** _____

Saturday- _____

How many hours a month would you like to volunteer? _____

Do you have reliable transportation? Yes or No

Youth Vision~Industry~Business~Empowerment

Through our own curriculum and interactive business mentoring program, Youth V.I.B.E. imparts on its participants the 'art' of succeeding in business, giving students important skills not taught in school: using debate to resolve conflict, strategic planning, and making public presentations, among many others.

Note: All volunteers are subject to submitting a background check to our headquarter office.

Please return to:
Youth V.I.B.E., Inc.
Attn: Shannon Dunn
5240 Snapfinger Park Dr. Suite 125
Decatur, GA 30035
Office: 770-593-8800
Fax: 770-593-8814
E-mail: dunn@youthvibe.org