

MULTIPLE DISTRICT 4 LIONS YOUTH SERVICE VOLUNTEER APPLICATION

Volunteer's Name:	Club Name:
Street Address:	City/Zip Code:
Daytime Phone No:	Evening Phone #:
Cell Phone No.:	Email:
Best Time(s) & Phone No. to Call:	
Lions Youth Program Applying For:	
List Position(s) you are applying for:	
Are you currently employed by the local school district? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please list school district name and current position: _____ _____	
In case of Emergency: Contact Name: _____ Relationship: _____ Phone Number: _____	

Tell us about yourself, any experience you have working with youth, and why you wish to volunteer with our youth program. *(Please use a separate sheet if you need more room.)*

Lions Club referring you to volunteer: _____

Address: _____

Phone: _____ Email: _____

Referring Lion Member Contact Information: _____

Phone: _____ Email: _____

Are you a Lions Club Member? Yes No

If not, would you consider becoming a Lions Club Member? Yes No

I consent to the following: Please initial next to each.

_____ Take the Boy Scouts of America online training to be certified.

_____ Provide my information to Sterling Volunteers for a full background check.

_____ If required, provide proof of TB Clearance

_____ If providing transportation, provide a copy of Valid Driver's License, Auto Insurance & Driving Record.

Volunteer Signature

Date

Referring Lions Club YPP Officer Signature

Date

District Youth Protection Officer/Advisor USE ONLY:

Category of Volunteer: A = Not transporting youth B = Yes, eligible to transport youth

TB Test Clearance Date: _____ Criminal Background Clearance Date: _____

BSA Training or Mandated Reporter Certificate Date: _____

Category B: Transporting Youth: Driver's License # _____ Exp. Date: _____

Driving Record Date: _____ Auto Insurance Exp. Date: _____

Signature of District Youth Protection Officer/Advisor

Date

Area Youth Protection Officer/Advisor USE ONLY: Verification receipt of

Criminal Background Clearance Date: _____ BSA Training or Mandated Reporter Certificate Date: _____

TB Test Clearance Date: _____ (If required)

Category B: Transporting Youth: Driver's License # _____ Expiration Date: _____

Auto Insurance Exp. Date: _____ Driving Record Date: _____

Date District Youth Protection Officer was notified & Issued Certified Volunteer Card: _____

Signature of Area Youth Protection Officer/Advisor

Date