



Town of Smithtown
YOUTH BUREAU
Smithtown Volunteer Corps Application



General Information

Name: _____ Date: _____

Home Address (street, town and zip): _____

Home Phone No. _____ Cell No. _____

Email: _____

Emergency Name & Contact Number

Education

For Students: What grade are you in? (Circle) 6th 7th 8th 9th 10th 11th 12th

For College Students: What year are you in? (Circle) Freshmen Sophomore Junior Senior

For Adults: (Circle) GED/High School Associate Bachelor Master Doctorate Other

Availability (Circle all that apply)

Available Days: Monday Tuesday Wednesday Thursday Friday Saturday Sunday

Available Times: Morning Afternoon Evening

Other Information

What are some of your skills/ interests? _____

Please describe previous volunteer activities, if any: _____

What type(s) of volunteer activity would you like to participate in?

Specify: _____

Do you speak a foreign language? ____ Yes ____ No If yes, what other languages do you speak? _____

Would you be interested in being a volunteer leader (train and guide groups of volunteers)? ____ Yes ____ No

Thank you for your interest in becoming a volunteer with the Smithtown Volunteer Corps
Smithtown Youth Bureau - (631) 360-7595 - youthb@tosgov.com

Please return completed application to:
Smithtown Youth Bureau, 161 E. Main Street, Smithtown NY 11787