**FCSN** 



## www.fcsn1996.org

**Date:** \_\_\_\_\_

## **Teen/Young Adult Volunteer Application**

A. General Information Name: Sex: Male/Female Birth Year: \_\_\_\_\_ Address: \_\_\_ City: \_\_\_ Zip: Home Phone: Cell Phone: E-mail: B. Experience & Availability I am volunteering as : □ A Young Adult ☐ A student : (Senior High/ Junior High) \_\_\_\_\_ Volunteer Clerk's Name: School Name: \_ Prior volunteer experience ☐ FCSN, when \_\_\_\_\_  $\square$  Others: : Preferred Days (check all that apply): □ Mon □Tue □Wed □Thu □Fri □Sat □Sun Time:\_\_\_\_ **Special Skills** (Ex: piano, art/craft, photography, math etc): C. Activities of Interest **Regular programs:** ☐ Day program (weekly afternoons at Milpitas/Cupertino/Fremont) ☐ Family support regular gathering (Sat. evening at Fremont/Saratoga) ☐ After school program (weekdays after school at local areas) ☐ Local group (weekend afternoon. Please visit www.fcsn1996.org for details) **One-time events:** ☐ Special events ☐ Cooking/Art activities ☐ Fundraising ☐ Public events ☐ Sport events ☐ Others:

Please have your parents fill out this section, if you are applying as a teen volunteer:

Signature:\_\_\_\_\_

I, on behave of myself and my spouse, hereby give permission to my child to volunteer for FCSN. I acknowledge that as a volunteer, my child will be sharing his/her time and taking part in a program to benefit the community. I have gone through these guidelines set forth in the Volunteer's Guide with my child. I understand that even though my son/daughter will be volunteering outside of my supervision, I will be ultimately responsible for his/her behavior. I also hereby waive all rights, claim and action, which we may have against FCSN arising out of, but not limited to, my child's participation at FCSN and other related premises.

I certify that I have read and understood the rules stated in the Volunteer's Guide; furthermore,

I promise that I will be responsible for acting in accordance with those guidelines.

| Signature:    | Date:   |
|---------------|---|
| Printed Name: | Relationship:   |
| E-mail:       | if you like to receive FCSN volunteer related emails. |