



PLEASE RETURN TO:
MAIL: Illustrious Adolescent Mother
P.O. Box 338
Nesbit, Mississippi 38651
CONTACT: Intern/Volunteer Coordinator
EMAIL: iamdivinediamond@gmail.com
QUESTIONS: (901) 654-8514

Name: _____

Today's Date: _____

Current Address: _____

Phone (H): _____

(City, State, Zip)

Phone (W): _____

Email Address: _____

Phone (Cell): _____

Can you be called at work? Yes No

Permanent Address (If different from above): _____

Ethnicity (Optional):

- African
- African American
- Asian
- Caucasian
- Hispanic
- Multi-Racial
- Native American
- Other

Date of Birth: _____

Current Employer: _____

Title/ Occupation: _____

Emergency Contact: _____

Relationship: _____

Phone (H): _____

Phone (W): _____

Phone (C): _____

What are your Interests and Skills? (Child Development, Fund Raising, Parenting, Hobbies, Etc.):

VOLUNTEER APPLICATION
ILLUSTRIOUS ADOLESCENT MOTHER, INC

Please specify type of position you are applying for:

- Community Relations
- Service-Learning Hours
- Mentor

- Grant-Writing
- Marketing/Social Media

- Event Planning
- Policy reform
- Other: _____

Which program do you want to volunteer in? (If known): _____

How did you learn about Illustrious Adolescent Mother, Inc.? _____

Approximate number of hours per week are you available : _____

Is this volunteer experience for academic credits? Yes No

Name of School: _____ Program/Major: _____

Total overall number of hours required (if applicable): _____

Deadline for required hours (if applicable): _____

Type of hours needed (i.e. direct client contact, family therapy, etc.): _____

Type of Supervision required (if applicable): _____

AVAILABILITY

- Year-Round
- Summer (June – Aug.)
- Fall (Sept. - Dec.)
- Spring (Jan. - May)

Time/Day	Mon.	Tue.	Wed.	Thu.	Fri.	Sat.	Sun.
All Day							
AM							
PM							

What do you expect to experience from your volunteer experience with Illustrious Adolescent Mother, Inc.?

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BACKGROUND INFORMATION

Have you ever been convicted, imprisoned, been on probation, parole or under supervision as a result of a conviction, or been fined for any violation of the law? **Yes** **No**

If yes, please give dates, details and penalties for each occurrence below.

An answer of "yes" to this question does not constitute an automatic bar on volunteering.

IF UNDER AGE OF 18 YEARS, COMPLETE THIS SECTION

Name of Parent/Guardian: _____

Day Phone: _____

Cell Phone: _____

Parent/Guardian Consent: I hereby give _____ permission to perform volunteer service for Illustrious Adolescent Mother, Inc. I also give my consent to Illustrious Adolescent Mother, Inc. to take whatever emergency steps necessary to safeguard the health and welfare of my child. I understand that in the event of an emergency, you will attempt to contact me. However, if I am unable to be reached, you may contact:

Name: _____

Relationship: _____

Day Phone: _____

Cell Phone: _____

Signature of Parent/Guardian _____

Date: _____

ALL APPLICANTS READ AND SIGN

As a volunteer for Illustrious Adolescent Mother, Inc. I understand that if I am selected for a position, falsified statements on this application shall be considered sufficient cause for relief of duty. I also understand that Illustrious Adolescent Mother, Inc., solely at its discretion, shall determine who will serve as a volunteer and may dismiss a volunteer at any time with or without cause.

Signature of Applicant

Date