



**AUL SCHREURS MEMORIAL PROGRAM**

Ithaca Youth Bureau • 1 James L. Gibbs Drive • Ithaca NY 14850  
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VOLUNTEER APPLICATION

\*\*\*Please answer all questions. Your replies will be confidential.\*\*\*

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

Name: \_\_\_\_\_ Sex: \_\_\_\_\_ DOB: \_\_\_\_\_

City or Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

Best Hours to call: \_\_\_\_\_ E-mail: \_\_\_\_\_

Are you a permanent resident: Yes No College Student? Y N

Workplace: \_\_\_\_\_ Occupation: \_\_\_\_\_ Hours: \_\_\_\_\_

Work phone (if you receive calls there) \_\_\_\_\_ School: \_\_\_\_\_

Major: \_\_\_\_\_ Exp. Grad. Date (if you are a student): \_\_\_\_\_

Home address: \_\_\_\_\_

(if different from local address) Street/City/ State Zip

Home phone: \_\_\_\_\_

Will you use this experience to fulfill any requirement for work, school, or any other purpose?

Yes \_\_\_ No \_\_\_ If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Will you receive college credit for this work? \_\_\_\_\_ Yes \_\_\_\_\_ No

How long do you expect to remain in the Ithaca area?

Will you be here this coming summer? \_\_\_\_\_ Yes \_\_\_\_\_ No

Do you have a driver's license? \_\_\_ Yes \_\_\_ No Car available? Y / N

If yes, how far are you willing to drive? (circle one) 5 10 15 miles

Where did you hear about the program?

Online \_\_\_ Tabling Event \_\_\_ Flyers \_\_\_ Brochures \_\_\_ Other (please explain) \_\_\_



PERSONAL STATEMENT/Interview questions:

Why do you want to volunteer with the Paul Schreurs Memorial Program? What do you hope to gain from your experience?

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What experiences in your life might help you to be a PSMP volunteer?  
(include past work with youth, personal experiences, course work, or training)

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How do you help to encourage a student to do their work if they are reluctant?

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Some things I find difficult about spending time with youth are:

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Please list any personal interests, talents, or hobbies that you would like to share:

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Are there any areas of special knowledge that you could share with the youth you tutor?

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Additional comments:

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***The Paul Schreurs Memorial Program serves a diverse group of youth and families from a range of different ethnic, racial, and cultural backgrounds. We strive to recruit and maintain a diverse pool of volunteers to best meet the needs of the youth we serve.***

### VOLUNTEER STATEMENT OF COMMITMENT

I agree to fulfill all the requirements of the Paul Schreurs Memorial Program:

1. I will attend an orientation session prior to being matched, either with a group of other volunteer applicants or individually with a PSMP staff person.
2. I will meet with a staff person regularly to assess my student's situation, discuss my relationship with him or her, and to plan appropriate activities.
3. Except for discussions with the staff, I agree to keep any confidential information I learn about the youth and his/her family. I agree not to discuss any details that might identify the youth or compromise the family with anyone else, including my partner, a relative, and/or a close friend.
4. I will not end the relationship until I have met with a staff person regarding closure. I will not stop seeing the youth until I have fully explained my leaving to both the youth and his or her parent/guardian(s).

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(Signature)

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(Date)

## REFERENCES

Please list below the names, addresses, and phone numbers of your references. References may include such parties as: an employer, a teacher, an advisor, clergy, a coach, or someone else to whom you have been accountable. We also ask that you waive your right to review the completed letters of reference and authorize us to seek information about your character and experience from school, community organization, and youth service personnel. All information relative to this application is confidential and will not be released to any third party.

1. NAME: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
TOWN OR CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_  
PHONE:( ) \_\_\_\_\_ RELATIONSHIP TO APPLICANT: \_\_\_\_\_

2. NAME: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
TOWN OR CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_  
PHONE:( ) \_\_\_\_\_ RELATIONSHIP TO APPLICANT: \_\_\_\_\_

I authorize the Paul Schreurs Memorial Program of the Ithaca Youth Bureau to seek information about my character and experience from the above persons and from school, community organization, and youth service personnel. I understand that this information is kept in strict confidentiality and will not be released to any persons or organizations other than Paul Schreurs Memorial Program staff except under legal authority.

Please check one of the following:

I waive my right of access to reference information.

I do not waive my right of access to reference information.

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)