

Volunteer Application

Livonia Save Our Youth Coalition

33000 Civic Center Drive
Livonia, MI 48154
734.338.9580



www.livoniasaveouryouth.org
info@livoniasaveouryouth.org

Contact Information

Name	
Street Address	
City ST Zip Code	
Home Phone	
Cell Phone	
E-Mail Address	

Availability

During which hours are you available for volunteer assignments?

Weekdays ___ morning ___ afternoon ___ evening

Weekends ___ morning ___ afternoon ___ evening

Interests

Tell us in which areas you are interested in volunteering

- Livonia Save Our Youth Coalition member – monthly meeting, help to plan/organize events
- Events – Run 2 Save Our Youth, Safe & Sober Tailgate, School Open-House, Community Forum
- Community Outreach – Resource table at community events to raise awareness, educate
- Speakers Bureau – Speaking to youth, professional and other groups as needed
- Office Administration – As needed
- Other:

Special Skills or Qualifications

Summarize special skills and qualifications you have acquired from employment, previous volunteer work, or through other activities, including hobbies or sports.

Previous Volunteer or Work Experience

Summarize your previous volunteer work experience.

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Person to Notify in Case of Emergency

Name	
Street Address	
City ST ZIP Code	
Home Phone	
Work Phone	
E-Mail Address	

Our Mission

Livonia Save Our Youth is a coalition that exists to educate and empower the community regarding the health and safety of our young people with a focus on substance abuse and related issues.

Thank you for completing this application form and for your interest in volunteering with us.

Agreement and Signature

By submitting this application, I affirm that the facts set forth in it are true and complete. LSOY expects that all volunteers abide by the guidelines in the Policy and Procedure manual, or part company amicably.

Name (printed)	
Signature	
Date	

Livonia Save Our Youth Signature

Name & LSOY Position	
Signature	
Date	