

STAN HYWET HALL & GARDENS YOUTH VOLUNTEER APPLICATION

Thank you for your interest in volunteering at Stan Hywet Hall & Gardens. Please complete all sections of this application and return to the Volunteer Department. *Please note that youth applications are for youth ages* 13 - 17.

Stan Hywet Hall & Gardens • 714 North Portage Path • Akron, Ohio 44303 • 330.836.5533 • volunteer@stanhywet.org

PERSONAL INFORMAT	ION			
Full Name (Mr., Miss):		Preferred Name:		
Current Address:	Cit	y: State:	Zip:	
Home Phone:	Cell Phone:	Email:		
PARENT/GUARDIAN II	NFORMATION			
Name:	Relat	ionship:		
Address:	City:	State:	Zip:	
	Cell Phone:	Email:		
VOLUNTEER EXPERIE	NCE & INTERESTS			
What, if any, previous volunt	teer experience do you have?			
-	ir volunteer opportunities?you would like to volunteer in:			
How many hours are you wis	shing to volunteer for?			
Will you be receiving school	credit for your hours? If yes, please list s	chool name:		
When are you available to vo	olunteer (days, times, i.e. Saturdays, morn	nings):		
EMERGENCY CONTAC				
Name:	Relationship:	Phone:		
Signature of applicant:		Date:		