



Pasadena Unified School District
Child Welfare,
Attendance, and Safety

**Scholars Transitioning and Realizing Success (STARS)
Foster Youth Resource Centers**

STARS VOLUNTEER APPLICATION

Personal Information:

Name: _____
First Middle Last

Address: _____
Street City State Zip Code

Home phone _____ Mobile phone _____

E-mail address: _____

Occupation: _____

Volunteer Information:

1. What experience, if any, do you have working with youth?

2. What skills, hobbies and/or activities could you share with our STARS students?

3. Initial the two statements below:

_____ I understand that I will provide support for a minimum of one hour per week for one academic year.

_____ I understand that I will be required to complete the STARS program orientation and at least two training sessions during the year.

4. What days of the week are you available to volunteer? (Check all that apply):

_____ Monday _____ Tuesday _____ Wednesday _____ Thursday _____ Friday

5. What is the best time for you to volunteer? (Check all that apply):

_____ Mornings _____ Afternoons

6. What age range do you prefer to work with?

_____ Middle School _____ High School

Print Name

Signature

Date
