



5991 Chester Ave  
Jacksonville, FL 32217  
[www.jaxyouthexposure.org](http://www.jaxyouthexposure.org)  
904-884-3002

## Youth Exposure, Inc. - Volunteer Application

Thank you for your interest in volunteering with Youth Exposure, Inc.! We are dedicated to providing enriching opportunities for young people and appreciate your willingness to contribute to our mission. Please complete the following application thoroughly.

### Personal Information:

Full Name: \_\_\_\_\_

Preferred Name: \_\_\_\_\_

Male \_\_\_\_\_ Female \_\_\_\_\_ Pronouns \_\_\_\_\_

Race : ( Check all that applies)

- ☐ African American
- ☐ Caucasian
- ☐ American Indian or Alaska Native
- ☐ Native Hawaiian or Other Pacific Islander
- ☐ Other \_\_\_\_\_

Date of Birth (MM/DD/YYYY): \_\_\_\_\_ Age \_\_\_\_\_

Address: \_\_\_\_\_

○ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

### Volunteer Interests:

Please indicate the type(s) of volunteering opportunities you are interested in (you may select more than one):

- ☐ **Unpaid Volunteer**
- ☐ **Paid Volunteer** (Please note that paid volunteer opportunities may be limited and require specific qualifications.)



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**Please indicate which department(s) you would like to participate in:**

- ☐ **Fundraising Committee:** (Assisting with planning and executing fundraising events and campaigns.)
- ☐ **Teaching Artist:** (Leading or assisting with workshops and activities.)
  - Specify Teaching Capabilities:  

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- ☐ **Administration Department:** (Providing administrative support, data entry, and organizational tasks.)
- ☐ **Marketing Department:** (Assisting with social media, content creation, outreach, and promotional activities.)
- ☐ **Supported and Customized Self-Employment Department:** (Mentoring and supporting young individuals in developing their micro-businesses.)

#### **Criminal Background History:**

Youth Exposure, Inc. is committed to the safety and well-being of the youth we serve. Therefore, all volunteers are subject to a level two background screening process paid for by the volunteer. If you have a level two background screening that was provided within the last 12 months we will accept original documentation from the following agencies: ( Duval Public Schools, or Division of Vocational Rehabilitation)

- Have you ever been convicted of a felony or misdemeanor (excluding minor traffic violations)? ☐ Yes ☐ No
- Please indicate if you have ever been arrested or convicted of child endangerment or a related crime: ☐ Yes ☐ No
- If yes, please provide details, including the date, offense, and disposition: ( copies of disposition(s) are required)  

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**Please be aware that as part of our volunteer onboarding process, you will be required to obtain a Level Two Background Screening at your own expense.** Further information regarding this process will be provided upon acceptance of your application.



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### **Previous Work Experience and Capabilities:**

Please describe your previous work experience, volunteer experience, and any skills or capabilities you believe would be beneficial to Youth Exposure, Inc. (e.g., organizational skills, communication skills, specific talents, experience working with youth, etc.):

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### **References:**

Please provide the names and contact information for three (3) professional references (e.g., former employers, supervisors, colleagues) and three (3) personal references (e.g., friends, neighbors, community members - not relatives).

#### **Professional References:**

1. Name: \_\_\_\_\_  
Relationship: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
2. Phone: \_\_\_\_\_  
Email: \_\_\_\_\_  
\_\_\_\_\_  
3. Name: \_\_\_\_\_  
Relationship: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
Phone: \_\_\_\_\_  
Email: \_\_\_\_\_  
\_\_\_\_\_  
4. Name: \_\_\_\_\_  
Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_  
Email: \_\_\_\_\_



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### Personal References:

1. Name: \_\_\_\_\_  
Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
Email: \_\_\_\_\_
2. Name: \_\_\_\_\_  
Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
Email: \_\_\_\_\_
3. Name: \_\_\_\_\_  
Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
Email: \_\_\_\_\_

### Emergency Contact Information:

- Full Name: \_\_\_\_\_
- Relationship to Applicant: \_\_\_\_\_
- Address: \_\_\_\_\_  
\_\_\_\_\_
- Phone Number: \_\_\_\_\_
- Email Address: \_\_\_\_\_

### Volunteer Agreement:

By signing below, I certify that the information provided in this application is true and complete to the best of my knowledge. I understand that providing false information <sup>1</sup> may disqualify me from volunteer opportunities. I also understand that as a volunteer, I will be expected to adhere to the policies and procedures of Youth Exposure, Inc., and that I will be required to obtain a Level Two Background Screening at my own expense.

Volunteer Signature \_\_\_\_\_

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

Printed Name \_\_\_\_\_



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**Office Use Only:**

- Date Received: \_\_\_\_\_
- Application Reviewed By: \_\_\_\_\_
- Background Check Initiated (Date): \_\_\_\_\_
- Background Check Results: ☐ Pass ☐ Fail
- Interview Date: \_\_\_\_\_
- Interviewer(s): \_\_\_\_\_
- Volunteer Status: ☐ Accepted ☐ Rejected
- Notes:

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**PLEASE EMAIL YOUR APPLICATION ALONG WITH A COPY OF YOUR DRIVERS LICENSE  
[VOLUNTEER@JAXYOUTHEXPOSURE.ORG](mailto:VOLUNTEER@JAXYOUTHEXPOSURE.ORG) (WE DO NOT ACCEPT EXPIRED DOCUMENTS)**

**Office Use Only:**

- Date Received: \_\_\_\_\_
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