



**Thank you for your interest in joining the SYM community as a volunteer!**

We are committed to connecting through meaningful relationship and that begins with honoring one another's personal stories. Who you are and what has brought you to SYM is important to us. And so, we look forward to learning more about you and hearing how you are motivated to partner with us in our care of young people. Thank you in advance for taking some time with the application questions and using this as an opportunity for personal reflection.

Whether you are interested in joining our meal team, facilitating life skills and activities, or you are considering a weekly commitment to our drop-in center, you bring hope and healing and for that we are most grateful.

We understand that an application cannot possibly communicate your story but it is a good start and we will be in touch to schedule time for you to meet with staff and go a little deeper.

*Know that our primary concern is the safety of the youth we work with and so we appreciate your providing us with personal information during your application. We will hold your information and story in confidence.*

*Connecting, Partnering, and Affirming Seattle's Youth*



## Drop-in Volunteer Application

To be considered as a volunteer in SYM Drop-In, you are required to:

- Be at least 20 years of age.
- Commit for 6-months of service.
- Pass the Washington State background check.
- Sign the confidentiality agreement.
- Agree to abide by SYM's mission and vision statement. We are a faith-based organization. We do not require our volunteers to be Christians, but you do need to be comfortable with the conversations around faith that other staff and volunteers may have with our clients.

Date: _____			
Name: _____		Date of birth: _____	
Address: _____		Email: _____	
Cell phone: _____	Home phone: _____	Work phone: _____	

Thank you for your interest in volunteering with Street Youth Ministries (SYM). We have worked hard to craft an application that has no "correct" answers. Our hope is that you feel free to answer the following questions honestly, especially around areas where you're still growing or learning.

1. How did you hear about SYM?
2. What experience have you had working with teens or young adults? Youth or young adults who are homeless?
3. What do you anticipate might be difficult about working with youth or young adults who are homeless or street involved?
4. What are specific skills, talents or interests you might contribute to SYM?



## References

Please list three people who have known you for more than one year and are not family. For example, a teacher, work supervisor, pastor, spiritual mentor, roommate or friend.

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

Relationship: \_\_\_\_\_

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

Daytime telephone: \_\_\_\_\_ Email: \_\_\_\_\_

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

Relationship: \_\_\_\_\_

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

Daytime telephone: \_\_\_\_\_ Email: \_\_\_\_\_

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

Relationship: \_\_\_\_\_

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

Daytime telephone: \_\_\_\_\_ Email: \_\_\_\_\_

## Schedule Availability

Please put an X in the boxes of potential availability:

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
<i>morning</i>						
<i>afternoon</i>						
<i>evening</i>						



## Washington State Patrol

The following information is needed to request information from the Washington State Patrol to determine any criminal history related to child/adult abuse.

Given Name: \_\_\_\_\_  
*First Middle Last*

Alias/Maiden Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Signature: \_\_\_\_\_

Secondary dissemination of this information is prohibited unless in compliance with RCW 10.97.050

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## COVID Policy

During this time of COVID mitigation efforts, it is important that we offer a safe place to volunteer your time, and a safe place for the young people in our community to participate in services.

SYM COVID policies for those at Drop – In are:

- Masks are required
- Vaccines or weekly testing are required (during surges such as the Omicron variant, both of these are required)
- If you are feeling sick, please stay home
- Social distancing where possible

I agree to follow these policies personally and to ask others in Drop In to also abide. Changes to policy are probable, and you will be notified of these via email.

Signature \_\_\_\_\_ Date \_\_\_\_\_



### **Visitor Confidentiality**

I, \_\_\_\_\_ understand that Street Youth Ministries adheres to Federal laws regarding client confidentiality. As a visitor I agree to maintain the confidentiality of Street Youth Ministries' clients. I agree to refrain from disclosing the identity of any person receiving services at Street Youth Ministries, without his or her express written consent, and the express written consent of Street Youth Ministries. I understand that violation of the confidentiality of Street Youth Ministries' clients is a violation of Federal law and makes me subject to prosecution and/ or fine.

### **Visitor Liability**

As part of an agreement to partner with Street Youth Ministries (SYM) in providing services to homeless youth, I acknowledge that I have been informed of risks associated with volunteering to provide services. I further understand that while SYM may endeavor to provide a safe environment with which to provide services, the nature of this ministry is not risk free and I am willing to accept these risks. As such, the undersigned agrees to hold SYM harmless and indemnify SYM from any claims and expenses related to my volunteer service at SYM. Additionally, if I am not a volunteer, but am visiting SYM for any reason, I agree to the aforementioned.

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Witness

\_\_\_\_\_  
Date

Please return the completed application via email to [laurenc@symseattle.org](mailto:laurenc@symseattle.org) or mail to:  
Street Youth Ministries; 4540 15<sup>th</sup> Ave NE; Seattle, WA 98105