



Together...Taking On New Challenges

Youth Volunteering Registration Application

The Courageous Steps Project, Inc. is continuing to expand into different communities of Maine, and beyond. With that said, our organization needs volunteers to commit to helping our cause move forward.

This revamped volunteering initiative with The Courageous Steps Project, Inc., will protect you, and will protect the future integrity of our newly formed non-profit organization.

For the security of our organization, we are asking you to fill out this short form, all on one page. Please read the directions below, to complete this form!

Note: Anyone who has a disability, or has a condition, must have a parent or guardian with him or her at all times. If a parent or guardian does have a background involving drugs or criminal acts, another adult (family friend, or approved adult) must volunteer with that child.

Name: _____ Date of Birth : _____

Gender: Boy _____ Girl _____ (check one) Age: _____

Email: _____ Phone Number: _____

Does the child have a condition or disability? Yes No

If yes, please explain.

Are you volunteering to get service hours for school? Yes No

If yes, please explain what for.

Have you volunteered with us in the past? Circle the following. Yes No

If so, what did you volunteer for



Together...Taking On New Challenges

Youth Volunteering Registration Application

Have you volunteered with other organizations, beside ours?

What do you want to volunteer for within our organization?

What do you want to gain from this experience with us?

Is there anything that we can do to make your volunteering experience helpful?

I _____, agree to follow all protocols, policies, and agreements with The Courageous Steps Project, Inc, to protect my safety, and to protect the organization's safety. I also agree to not attempt any criminal act during my time as a volunteer with The Courageous Steps Project, Inc. If any such event occurs, The Courageous Steps Project, Inc. can bring this event to the attention of law enforcement to potentially form an investigation into the matter. If an inappropriate event occurs, I agree to step down as a volunteer, and notify the CEO or Board of Directors of that event by a letter, or simple email.

Signature: _____ Date: _____

Signature of Authorized Adult: _____ Date: _____

Authorized Signature: _____ Date: _____