



Ally Application

Teen Feed

4740-B University Way NE, Seattle, WA 98105 • 206.522.4366

Proud to be a part of feeding the homeless since 1986

Personal Information

Name: _____ Phone: _____

Address: _____ Email: _____

City, ST, Zip: _____ Birth date: _____

High School Name: _____ Graduation Date: _____

Availability

Please check the days that you are available to volunteer

Sunday 6:30-8:30

Thursday 6:30-8:30

Monday 6:30-8:30

Friday 6:30-8:30

Tuesday 6:30-8:30

Saturday 6:30-8:30

Wednesday 6:30-8:30

Other times _____

Relevant Volunteer/Work Experience

Organization	Duties	Month/Year

Skills/Interests

Administrative

First Aid/CPR

Marketing

Advocacy/Legislative

Fundraising

Social Media

Data Entry

Graphic Design

Web Design

Event Planning

Journalism/Editorial

Other _____

I am interested in using these skills/interests outside of my regularly scheduled Advocate times.

Additional Questions

How did you hear about Teen Feed?

Friend/Family Website

School _____

Current Volunteer _____

Other _____

Media/Social Media

Why do you want to work with homeless youth?

What are your strengths/talents? What are your weaknesses?

What do you hope to gain during your time at Teen Feed?

What are you most excited about doing at Teen Feed?

Issues of Youth Homelessness:

Please use a scale of 0-10 to describe your understanding of the following areas as they relate to youth homelessness: 0-have not explored this issue, yet; 5- still have some questions; 10-expert

The daily challenges of homeless youth ____ Please give 2 examples

Societal barriers to achieving housing, education & employment) ____ Please give 2 examples

Community resources available to homeless youth ____ Please give 2 examples

Give two examples of issues that cause youth homelessness.

Statement of Commitment

I am committed to a minimum of six months as a volunteer with Teen Feed.

Signature

Date