

My Direct Share Volunteer Program
National Congress of Black Women, Inc.
Kansas City Chapter

Youth Volunteer Interest Form and Application (ages 7-17)

Parent or Guardian, thank you for making the decision to enroll your child as a volunteer with the National Congress of Black Women Inc-Kansas City Chapter, (NCBW-KC). We are dedicated to providing opportunities for youth to develop character, self-esteem, cultural sensitivity to others and, to lend a helping hand to those in need.

The My Direct Share volunteer program requires that NCBW-KC provide Chaperon(s) depending on the size of youth group. Parents may also assist as a chaperon or volunteer with their child.

NCBW-KC is connected with other Black non-profits, area-wide non-profit organizations, community-based agencies and faith-based organizations that offer opportunities and provide services to the underserved. We, the National Congress of Black Women Inc.-Kansas City Chapter, serve as a Steward for the purpose of mobilizing and administering volunteers to these serving organizations so that our youth may directly contribute to the development of local solutions to local problems faced in our community.

| | | |
|--------------------|---------------------|----------------|
| Parent's Last Name | Parent's First Name | Middle Initial |
|--------------------|---------------------|----------------|

| | | |
|-------------------|--------------------|----------------|
| Child's Last Name | Child's First Name | Middle Initial |
|-------------------|--------------------|----------------|

| | | | |
|----------------|------|-------|---------|
| Street Address | City | State | Zipcode |
|----------------|------|-------|---------|

| | |
|---------------------|-----------------------|
| Email Address _____ | Phone (_____) _____ |
|---------------------|-----------------------|

Birthdate _____ / _____ / _____

What is your child's availability? Please list days of the week and time below:

Are you looking for **short term** or **long term** volunteer assignments? Please circle one.

How soon can your child start his or her volunteer opportunity in the community? Please specify.

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Mail this completed form to NCBW-KC, 3125 Gillham Plaza, Kansas City, MO 64109 or email a scanned copy to info@ncbwkansascity.org. You will receive a follow up phone call upon receipt of your application.

By signing this form, you agree for your child to provide volunteer services in the community through the Stewardship of The National Congress of Black Women Inc., Kansas City Chapter.

You may end your child's volunteer service with us anytime by submitting a written or email request. We thank you in advance for making a difference in the Black communities.

Signature

Date

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**Parent or guardian, please complete the volunteer form in its entirety and be specific about the volunteer areas you'd like to expose your child to. It is fine to have more than one focus. Please select your volunteer interest by checking the box(s). Additional comments may be written in the comments area provided:

| Volunteer Interests | √ | Comments and Direct Focus |
|--|---|---------------------------|
| Literacy (read to younger children) | | |
| Homeless Teenagers | | |
| Homeless Adults | | |
| Tutoring K-12 (please list subject areas, grade) | | |
| Youth Athletics/ Activities | | |
| Keeping Our Kids Healthy (combating childhood obesity) | | |
| Promoting Healthy Life Styles | | |
| Youth Leadership Workshop | | |
| GOTV-Get Out The Vote | | |
| Community Centers/Boys and Girls YMCA, etc | | |
| Ministries in need of helpers | | |
| Community Clean-up | | |
| Assistance to the Elderly | | |
| Community Engagement Events | | |
| Poster (post flyers in the community) | | |
| Back to School Initiatives | | |
| Toys, Clothes, Food Drives | | |
| Food Pantries (packaging and sorting foods) | | |
| Holiday Events | | |