

Youth Empowerment Program

One-Time Teen Community Development Form Volunteer Information

• Full Name:
• Age:
• Date of Birth:
• School:
• Grade:
• Email Address:
• Phone Number: ()
Community & Motivation
• City/State, Country:
• Why do you want to volunteer with We and The Children?
Have you volunteered before?
□ Yes □ No
If yes, where/what did you do?
Interests & Skills
• Which volunteer opportunities interest you? (Check all that apply)
□ Event setup/support
□ Youth mentorship/training
□ Clean-up/beautification
□ Social media/outreach
□ Art/music/creative projects□ Speaking/advocacy
□ Anything needed Maryland, USA
weandthechildren.org



• Skills/Talents you'd like to share:
Availability • Are you available for continuous volunteering?
☐ Yes! contact me with opportunities ☐ No
Parent/Guardian Information
• Parent/Guardian Full Name:
• Phone Number: ()
• Email Address:
Consent & Media Release Pur signing below. Lagrage to participate in valuntage activity with We and The
By signing below, I agree to participate in volunteer activity with We and The Children as part of the Youth Empowerment Program. I understand that
photos or videos may be
taken and used publicly unless I opt out.
taken and used publicly unless 1 opt out.
□ I do not permit my child's photo to be used publicly.
Teen Signature (type or sign):
Date:/
Parent/Guardian Signature:
Date://