



## Volunteer Application

**To be eligible to volunteer with VAEL, an applicant must**

- be at least 10 years of age or older
- have signed permission from a legal guardian if under age 18 years
- have a clean state and federal background check if 18 years of age or above
- assist in furthering VAEL's mission and uphold VAEL's code of conduct
- have an interest in learning about self and helping others learn more about themselves

**If you satisfy the above requirements and wish to be considered as an intern with VAEL, please forward this form and the following information to the address indicated below:**

- Letter of intent
- Complete the Volunteer information below
- Provide 3 references and contact information

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

DOB: \_\_\_\_\_ Age: \_\_\_\_\_

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

Home No: \_\_\_\_\_ Cell No.: \_\_\_\_\_

Email address: \_\_\_\_\_

High School/ College: \_\_\_\_\_ Grade/Year \_\_\_\_\_

Employer: \_\_\_\_\_

Work Contact No.: \_\_\_\_\_

Extra Activities/ Hobbies/ Sports: \_\_\_\_\_

Have you ever participated in any of VAEL's trainings, presentations or events? Yes or No

Why are you interested in volunteering with VAEL? \_\_\_\_\_  
\_\_\_\_\_

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How did you learn about VAEL? \_\_\_\_\_

**Parents Information** (*Applicants under 18 yrs must complete*):

Father: \_\_\_\_\_

Address if Different from above: \_\_\_\_\_

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

Work No: \_\_\_\_\_ Home/Cell: \_\_\_\_\_

Mother: \_\_\_\_\_

Address if Different from above: \_\_\_\_\_

Work No: \_\_\_\_\_ Home/Cell: \_\_\_\_\_

I grant my child \_\_\_\_\_ permission to volunteer with VAEL.

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Parent Signature

Date

**References** (*All applicants complete*):

Name (relationship) \_\_\_\_\_

Address \_\_\_\_\_

Home No.: \_\_\_\_\_ Cell No.: \_\_\_\_\_

Name (relationship) \_\_\_\_\_

Address \_\_\_\_\_

Home No.: \_\_\_\_\_ Cell No.: \_\_\_\_\_

Name (relationship) \_\_\_\_\_

Address \_\_\_\_\_

Home No.: \_\_\_\_\_ Cell No.: \_\_\_\_\_

Please clearly indicate on letter of intent title Volunteer. Email, fax, or mail this application and all necessary documentation to:

Victorious Attitudes for Everyday Life, Inc.

9954 Liberty Road

Randallstown, MD 21133

Contact: 443-272-6700

[administration@victoriousattitudes.org](mailto:administration@victoriousattitudes.org)