



The Love Yourself Project is a non-profit arts and education organization that provides community programs which promote self awareness, self acceptance, self esteem and skill building . It is our belief that with a strong relationship to the self, every individual can contribute to a future with loving regard for all living beings and the environment.

- Michael Mut, President

How To Become An LYP Volunteer

Dear Prospective Volunteer:

Thank you for your interest in becoming a volunteer at The Love Yourself Project (also known as LYP). The application process includes three pieces of information listed below.

- **An LYP volunteer application form (Form is on page 2 below)**
- **Your current resumé**
- **Two professional letters of reference**

Please email all three documents to michael@loveyourselfproject.org . Additionally, you are welcome to call us at 917-691-8390 for further information.

A staff member will review your application and contact you to arrange an interview. If you are selected as an LYP volunteer, we require a commitment of your participation in a minimum of 2 events per year and your attendance at all related professional development meetings.

Thank you again for your time and consideration. We greatly appreciate your commitment to our mission and desire to be an LYP volunteer.

Sincerely,

Michael Mut
President

APPLICATION

Date _____
First Name _____ Last Name _____ Middle Initial _____
E-mail _____ Cell : (____) _____
Main Address _____ Apt. ____ Home Phone: (____) _____
City _____ State _____ Zip _____

Education/Training/Special Skills

	<i>School Name</i>	<i>City/State</i>	<i>Major/Degree</i>	<i>Last Year Completed</i>
College				
Graduate School				

Other Special Skills, Certifications or Training _____

Extracurricular Activities _____

Languages spoken/written _____

Computer Skills/ Social Media _____

Background Information

Have you ever been charged with or convicted of a felony, violent crime or mistreatment of a minor child?

Yes No If yes, please explain _____

Do you have any physical/emotional limitations or disabilities that may require our support?

Yes No If yes, please explain and we will do our best to accommodate your needs. _____

In case of emergency, please contact:

Name _____ Telephone _____

(Please attach an additional sheet if necessary)

How did you hear about the Love Yourself Project? Idealist.org NYFA School: Friend Craigslist
 Google (Please specify your search terms) _____ Other _____

What prompted you to apply for an internship with us?

What category(s) are you interested in? (Please check all that apply)

- LYP Volunteer
- LYP/Summer Programs
- Volunteer Coordinator
- Art Materials Coordinator
- LYP Ambassador
- Social Media Coordinator

What special skills and/or previous experience can you bring to our organization?

What do you hope to gain from volunteering with LYP?

Availability/Requirements

When would you like your internship to begin and end? Start_____ End_____

What days of the week and times are you available?

Please indicate actual hours you are available on the designated day of the week, ie: 2-5pm or 10-3, etc. If you do not yet know your schedule, please indicate the date that you will be able to solidify your schedule.

Mon	Tues	Wed	Thurs	Fri	Sat

References

Please provide two individuals who are not family members or personal friends.

Reference 1

Name _____ Relationship to You: _____
Occupation: _____ Email: _____
Address _____ City _____
State _____ Zip _____ Home Phone (_____) _____ Cell (_____) _____

Reference 2

Name _____ Relationship to You: _____
Occupation: _____ Email: _____
Address _____ City _____
State _____ Zip _____ Home Phone (_____) _____ Cell (_____) _____

If you are applying for school credit please fill out below:

Academic Credit Requirements

All school internship (volunteer) programs are unique and have different requirements. You are responsible for knowing and ensuring that your school's requirements are met. LYP will gladly cooperate with any educational guidelines. Please use the space below to indicate guidelines set by your school's internship program.

Will you be receiving credit for your internship? Yes No

If yes, please indicate your status by checking one of the boxes below:

I am a graduate student in Art Therapy, Social work or other field that requires client contact and/or supervision hours. If you check this option, please indicate the following:

	Per week	Per semester
Total hours required		
Total client contact hours required		
Total unspecified hours you want to/can work		
Total supervision hours required*		

- Does your supervision need to be contacted by someone with specific credentials?
Yes No

If yes, please specify supervisor certification/license requirements

Other (Course requirements, case histories, etc...)

I am a high school/undergraduate/graduate student earning straight unspecified credit.

	Per week	Per semester
Total hours required		

Statement of Internship /Volunteer Agreement and Authorization

The undersigned acknowledges and agrees that he/she:

- is at least 18 years of age;
- will not contact children/families in the LYP program outside of the agreed upon time to work at an assigned facility without expressed written permission;
- will not give personal information (address, phone, etc.) to children/families in the LYP program;
- will complete all necessary training required by LYP and the assigned facility;

I understand and authorize that my application, reference forms, and interview responses will be shared with other members of the LYP staff;

I understand that although the agency respects the confidentiality of client and volunteer records, it must retain the right to disclose information received when, in the agency's opinion, such disclosure would be in the best interests of a child/family.

I understand that LYP is an *at will employer* and retains the right to terminate my internship without notice or cause.

I understand that LYP uses photos of volunteers in a variety of activities for recruiting and promotional reasons. I am willing to support their efforts. LYP has my permission to use my name and photos of me to promote the agency's program.

I certify that all of the statements in this application are true and complete to the best of my knowledge. I understand that a false or incomplete answer may be grounds for not considering me or for my dismissal.

Printed Name

Date

Signature