



VOLUNTEER APPLICATION

Date: _____

PERSONAL INFORMATION

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Gender: _____ Date of Birth: _____ Ethnicity: _____

Social Security #: _____

Emergency Contact: _____ Relationship: _____ Phone: _____

Primary E-mail: _____

Secondary E-mail: _____

Home Phone: _____ Cell Phone: _____

Work Phone: _____ Other: _____

Preferred Method of Contact: _____

How did you learn about volunteer opportunities? _____

If you speak a language other than English, please list here: _____

Do you have any experience working with children or volunteering? _____

If yes, when and where? _____

What type of transportation do you use? _____

CURRENT EMPLOYMENT INFORMATION

Occupation: _____

Employer: _____

Address: _____

Professional Degree (MD, PhD, RN, MS, etc.): _____

Special professional training, skills, and hobbies: _____

Community affiliations (Clubs, Service Organizations, etc.): _____

Do you have children in the program? Yes No

If yes, list full name and school:

Special Certification (CPR, Medical, etc.): _____

Do you have a valid driver's license: Yes No

Driver's License#: _____ State: _____

Have you ever been convicted of or plead guilty to any crime(s) involving or against a minor? Yes No

If yes, describe each in full: _____

Are there any criminal charges pending against you regarding any crime(s) involving or against a minor? Yes No

If yes, describe each in full

Have you ever been refused participation in any other youth programs? Yes No

If yes, explain: _____

VOLUNTEER INTERESTS

How would you like to volunteer for G3? (Select all that apply)

- | | |
|--|---|
| <input type="checkbox"/> Fundraising/Corporate Sponsorship | <input type="checkbox"/> Dance |
| <input type="checkbox"/> Advocacy | <input type="checkbox"/> Music |
| <input type="checkbox"/> Tutoring | <input type="checkbox"/> Language Art |
| <input type="checkbox"/> Athletics | <input type="checkbox"/> Theater/Drama |
| <input type="checkbox"/> Coaching | <input type="checkbox"/> College Prep |
| <input type="checkbox"/> Programming Assistance | <input type="checkbox"/> Financial |
| <input type="checkbox"/> Mentoring | <input type="checkbox"/> Health |
| <input type="checkbox"/> Social Work/Counseling | <input type="checkbox"/> Special Events |
| <input type="checkbox"/> Administrative Support | <input type="checkbox"/> Public Relations |
| <input type="checkbox"/> Personal Training | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Cooking | |

AVAILABILITY

Please ✓ off the day(s) of the week and indicate times you are able to volunteer:

<input type="checkbox"/> Monday:
<input type="checkbox"/> Tuesday:
<input type="checkbox"/> Wednesday:
<input type="checkbox"/> Thursday:
<input type="checkbox"/> Friday:
<input type="checkbox"/> Saturday:
<input type="checkbox"/> Sunday:
<input type="checkbox"/> Seasonal:

What kind of a time commitment are you able to make? (Ex: once, bi-weekly, year, TBA, etc.): _____

Are there any physical limitations or are you under any course of treatment, which might limit your ability to perform certain types of work? _____

REFERENCES

Please list three character references

Name: _____ Phone: _____

Address: _____

Name: _____ Phone: _____

Address: _____

Name: _____ Phone: _____

Address: _____

AS A CONDITION OF VOLUNTEERING, I give permission for G3 Life Application, Inc. (Hereafter, named G3) to conduct background check(s) on me now and as long as I continue to be active with the organization, which may include a review of sex offender registries, child abuse and criminal history records. I understand that, if appointed, my position is conditional upon G3 receiving no inappropriate information on my background. I hereby release and agree to hold harmless from liability G3, the officers, Board of Directors, employees and volunteers thereof, or any other person or organization that may provide such information. I also understand that, regardless of previous appointments, G3 is not obligated to appoint me to a volunteer position. If appointed, I understand that, prior to the expiration of my term, I am subject to suspension or removal by the G3 Staff any reason including, but not limited to, violation of G3 policies or principles.

Applicant Signature _____ Date _____

If Minor/Parent Signature _____ Date _____

Applicant Name (please print or type) _____

Thank you for your interest in G3 Life Applications, Inc. 2014