

APPLICATION FOR VOLUNTEER SERVICES

Today's Date: _____ Date Available: _____

Name: _____

DOB: _____ Social Security Number: _____

Address: _____ City _____ State _____ Zip Code _____

Home Phone: _____ Work Phone: _____ Cell: _____

E-mail address: _____

In case of emergency, please contact:

Name: _____ Relationship: _____ Phone: _____

Have you been convicted of an offense other than traffic?
If so, provide dates and briefly explain:

Previous Volunteer Experience:

Volunteer Program: Yes ___ No ___ Where: _____

Contact Person: _____ Phone: _____

In what capacity: _____

Use additional sheets if needed.

Personal references:

Name: _____ Relationship: _____ Phone: _____

Address: _____ City _____ State _____ Zip _____

E-mail address: _____

Name: _____ Relationship: _____ Phone: _____

Address: _____ City _____ State _____ Zip _____

E-mail address: _____

Education:

Name of High School: _____ Graduated: _____

Name of College: _____ Graduated: _____

Name of Graduate School: _____ Graduated: _____

Specialized Education/Training: _____

Please explain your interest in volunteering:

Is there a particular assignment of volunteer duty you would prefer?

Please Check the shift schedule and days you are available to volunteer.							
Volunteer shift	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Start time							
Early morning							
Mid-morning							
Afternoon							
Evening							

Applicant Statement:

I hereby affirm that the information provided on this application is true and complete to the best of my knowledge, and agree to have any of the statements checked by the Education First, Athletics Second Coalition (EdFirst). I understand that providing any false or misleading information or any omissions may disqualify me from further consideration as a volunteer and may result in my immediate termination even if discover at a later date.

I authorize representative of the EdFirst to conduct a thorough investigation of my activities and authorize all references provided in the application as well as all other individuals, whom the EdFirst may contact to provide all information they have about me. Furthermore, I agree to cooperate in such investigation and release from all liability or responsibility of the EdFirst, all person and entities acting on its behalf and all persons and entities requesting or supplying such information.

Approval for volunteer service is subject to Criminal Record clearance, child abuse and neglect checks and satisfactory qualifications to meet the responsibilities expected. I authorize Jackson EdFirst to investigate all statements.

Signature: _____ **Date:** _____

The Education First, Athletics Second Coalition does not discriminate due to race, age, national origin or gender.