

Volunteer Form

Volunteer Application and Agreement

Last Name: _____ First Name: _____

Date: _____ Address: _____

Tele: _____ (H); _____ (O) _____

Cell: _____ Fax: _____

Email: _____ Date of Birth: _____

Driver's License No. _____

Emergency Contact:

(Name)	(Tel..No.; Indicate Home, Work or Cell)	(Relationship)
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Do you have any friends/family members who are employed or volunteer here? ____ Yes

____ No

When are you available to volunteer (specify hours of availability)? Monday _____

Tuesday _____ Wednesday _____ Thursday _____ Friday _____

Types of volunteer work you think you'd be most comfortable with: ___ Helping with a group activity ___ Teaching a workshop ___ Helping at Special Events ___ Tutoring ___ Other

List Your Past Volunteer Experiences: Organization: _____

Duties: _____ Mo/Yr. to Mo./Yr. _____

Organization: _____ Duties: _____ Mo/Yr. to
Mo./Yr. _____

Have you ever been adjudged civilly or criminally liable for abuse of an individual with disabilities? No ___ Yes ___;

Have you been convicted of a crime? No ___ Yes ___ If yes, please describe: _____

BACKGROUND CHECK: “The Garage” Youth Center requires volunteers to have a background check. Criminal conviction does not necessarily prohibit an applicant from volunteering. The nature of the offense will be taken into consideration before a decision is made. There is no fee on the part of the volunteer for the background check. Screening must be completed before volunteers begin working.

_____ **I agree to have a background check.**

REFERENCES: List two people not related to you who have knowledge of your qualifications.

Name: _____

Mailing Address: _____ Tel. No.: _____

Name: _____

Mailing Address: _____ Tel. No.: _____

_____ **I need the following accommodation(s) to work as a volunteer:** _____

As a volunteer for the “The Garage” Youth Center (TGYC), I agree to abide by all applicable rules and regulations. I understand that I will receive no monetary benefits in return for my volunteer service and that TGYC may terminate this agreement at any time without prior notice for any reason. I hereby authorize TGYC to check my references, and I understand that a criminal background check is required.

I certify that my answers on this application are true and complete and that I have not knowingly withheld any information that might, if disclosed, affect my application unfavorably. I understand that any misrepresentation or omission of facts on this application could be cause for rejection of this application or dismissal.

I understand that after I submit my application, it will be reviewed and my eligibility for volunteer work will be determined. I agree to an interview with the onsite manager. I hereby Release and Waive liability against TGYC, its directors, officers, employees and agents, its successors and assigns, for any injuries or illness that I may suffer in connection with any volunteer work for TGYC. Further, I agree that TGYC is not liable for any damage to my property resulting from volunteer work for TGYC. I agree that this release is as broad and inclusive as permitted by the laws of the State of Arkansas.

Volunteer Signature: _____ **Date:** _____