

TGIF, Inc.
VOLUNTEER APPLICATION

Name _____ Date _____
 Last, First MI

Address _____
 Street City, State Zip

Telephone () _____ Are you over 18 years of age? Yes No

How did you learn of this volunteer opportunity? _____

Have you volunteered here before? Yes No

Are there any hours, shifts or days you cannot or will not volunteer? _____

Shift preferred: Part-time Full-time Hours _____

Are you willing to volunteer evenings as needed? Yes No

Answer the next question only after reviewing a description of the task for which you applied:

Do you have a physical or medical condition which would limit your ability for the task? If yes, please describe _____

What can be done to accommodate your limitation?

Have you ever been convicted of a felony? Yes No (Conviction will not necessarily disqualify an applicant from volunteering.) If yes, describe conditions:

EDUCATION: Name and location of school Major Diploma/Degree

High School _____

College/University _____

Other training and/or education: _____

What other experiences, skills, or qualifications do you possess that would help you in regard to volunteer assignments with our agency? _____

VOLUNTEER DUTIES APPLIED FOR:

1) _____ 2) _____

When can you start? _____

VOLUNTEER HISTORY: May we contact the present/previous company(ies) for which you are/were a volunteer? Yes No

Name of Company	Address	Phone
-----------------	---------	-------

Start Date	End Date
------------	----------

Name and Title of Supervisor

Description of Duties

Reason for leaving

I grant TGIF, INC. authorization to check the following three (3) references:

1) Name: _____

Address: _____

2) Name: _____

Address: _____

3) Name: _____

Address: _____

TGIF, INC.
APPLICANT'S CERTIFICATION AND AGREEMENT

I certify that the facts set forth in this application for volunteer tasks are true and complete to the best of my knowledge. I understand that if I am accepted, false statements may result in dismissal. I authorize TGIF, INC. to make an investigation of any of the facts set forth in this application.

I also affirm that I have been advised that in the event I am accepted, and the criminal or driving record comes back with an offense, I understand that I may be duly dismissed.

Signature of Applicant

Driver's License Number

Date