TROY Volunteer Application

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| Contact Information |
|  |
| First Name |  | M.I. |  | Last Name |  |
| Street Address |  |
| City ST ZIP Code |  |
| Home Phone |  |
| Work Phone |  |
| E-Mail Address |  |
| DOB: |  | SSN: |  |

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| --- |
| Availability |
| During which hours & days are you available for volunteer assignments? |
|  |
| \_\_Mornings | \_\_\_ Mondays \_\_\_ Thursdays |
| \_\_Afternoons | \_\_\_ Tuesdays \_\_\_ Fridays |
| \_\_Evenings | \_\_\_ Wednesdays \_\_\_ Any day |

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| Interests |
| Tell us in which areas you are interested in volunteering |
|  |  |
| Office help |  |
| Events |  |
| Classroom help |  |
| Fundraising |  |
| Mentoring |  |
| Speaking |  |
| Other |  |
|  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |

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| Special Skills or Qualifications  |
| Summarize special skills and qualifications you have acquired from employment, previous volunteer work, or through other activities, including hobbies or sports. |
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| Previous Volunteer Experience  |
| Summarize your previous volunteer experience. |
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| Person to Notify in Case of Emergency |
|  |
| Name |  |
| Street Address |  |
| City ST ZIP Code |  |
| Home Phone |  |
| Work Phone |  |
| E-Mail Address |  |

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| --- |
| Agreement and Signature |
| By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if I am accepted as a volunteer, any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal. By signing below I understand and agree that a background check through CPS will be completed before I may begin. If approved for volunteering, I recognize that any and all information shared with me as part of my duties as a volunteer is confidential and shall not be disclosed to unauthorized individuals, agencies, or organizations. I also agree not to contact any students outside of the TROY in any manner without approval. I further release and hold harmless TROY, its members, affiliates, and employees or loaned executives of all liability with regard to any physical or emotional harm that I may sustain during the time I volunteer, or as a result of my participation in the project as a volunteer, or in any other activity sanctioned by TROY. |
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| Name (printed) |  |
| Signature |  |
| Date |  |

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| Our Policy |
| It is the policy of this organization to provide equal opportunities without regard to race, color, religion, national origin, gender, sexual preference, age, or disability.Thank you for completing this application form and for your interest in volunteering with us. |