



THE GOOD FIGHT

BE PREPARED FOR LIFE

Adult Volunteer Application

Your gift of time is the most precious contribution you can make. The efforts of volunteers, who bring their talents to youth, allows The Good Fight Community Center's programs to be effective.

PERSONAL INFORMATION:

Last Name: _____ Middle Initial: _____

First Name: _____

Street Address: _____

City: _____ State: _____ ZIP: _____

Email: _____

Phone: _____ Gender: _____

Emergency Contact: _____ Relationship: _____

Address: _____

City: _____ State: _____ ZIP: _____

Primary Phone: _____

Secondary Phone: _____

Check appropriate box(es): EMPLOYED [] STUDENT [] RETIRED []

EMPLOYER/SCHOOL INFORMATION:

Employer/School: _____

Address: _____

Phone: _____ May we contact if necessary? YES [] NO []

Title/Position: _____ Work Hours: _____

Are volunteer hours required for a class or for community service credit? YES [] NO []

If yes, explain:

Number of hours required: _____ Required date of completion: _____

Name of college/school/organization (if applicable): _____

Current grade level: _____ Graduation year: _____ Major: _____ GPA: _____



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PLEASE DESCRIBE THE FOLLOWING:

How you became interested in The Good Fight Community Center?

Previous or current volunteer experience, training, or licensing that would be beneficial to The Good Fight's volunteer work.

Educational background, hobbies, or special interests:

Languages spoken (other than English):

Would you like to be notified of special event volunteer opportunities throughout the year to donate your time and energy to our organization? YES [] NO []



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1. Have you ever used, or been known by any other name? YES [] NO []
2. Have you ever been placed on probation or had a complaint or petition filed against you as an adult or juvenile, for other than traffic violations? YES [] NO []
3. Have you ever been convicted of a misdemeanor/felony assault, battery, drug possession, child abuse or DUI? YES [] NO []
4. Have you ever been dismissed from any other volunteer program? YES [] NO []
5. Do you have any contagious disease, health issue, or history of emotional illness that would currently place youth, other workers, or yourself at risk? YES [] NO []

If you answered YES to any of the above questions, please explain below. (Please note that a YES answer to any of the above questions may not necessarily exclude you from volunteering.)

I declare under penalty of perjury that all statements on this form and attachments are true and complete to the best of my knowledge. I understand that false, misleading or incomplete information shall be cause for disqualification.

NOTE: False statements made under penalty of perjury may also result in criminal prosecution.

Name of Applicant (Print) _____

Applicant's Signature _____ Date: _____



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VOLUNTEER APPLICANT CERTIFICATION AND AUTHORIZATION

I hereby give The Good Fight Community Center the right to conduct an investigation of my background. I understand that the investigation may include inquiry into my past employment, education and activities, including but not limited to, criminal background information and driving record. I release from all liability all persons, companies schools, and corporations supplying such information. I release The Good Fight Community Center against any liability, which may result from making such investigation. I understand that any false answers, statements, implications or derogatory information made by me or which is revealed as a result of this background investigation based on information supplied in any application for employment, or other required documents, may be sufficient cause for denial of volunteer assignment, or dismissal from the program.

I understand that The Good Fight Community Center may contact my previous employers or references and I authorize those employers and references to disclose to The Good Fight Community Center and release them from any and all liability, claims, or damages that may directly or indirectly result from the use, disclosure, or release of such information by any person or party, whether such information is favorable or unfavorable to me.

Full Name of Applicant (Print) _____

Applicant's Signature _____

Date of Birth: ____/____/____ Social Security Number: ____-____-____

Driver's License Number: _____

State: _____ Expiration Date: _____

The Good Fight Community Center

Our charitable mission is to provide at-risk and disadvantaged youth with hope, encouragement and a safe environment to develop personal goals, discipline and values free from juvenile delinquency, substance abuse, truancy, crime, gang activities and other difficult challenges.

Our vision is to instill discipline and values among at-risk and disadvantaged youth, to lift them out of poverty, to provide them with training and opportunities, and to motivate them to become productive members of society.

I _____, hereby understand and agree with this Mission/Vision Statement.

Applicant's Signature _____ Date: _____