



Date: \_\_\_\_\_

**VOLUNTEER APPLICATION**

<b>Name</b>							
<b>Address</b>							
<b>City</b>		<b>State</b>		<b>Zip Code</b>			
<b>Home Phone:</b>		<b>Cell Phone:</b>		<b>Work Phone:</b>			
<b>Email Address:</b>							
<b>Date of Birth</b>		<b>Place of Birth</b>		<b>Social Security Number</b>			
<b>Driver's License Number</b>				<b>State Issued</b>			
<b>Occupation:</b>		<b>Employer:</b>		<b>Employer Phone:</b>			
<b>Employer Address:</b>							
<b>Special training, skills, academic, professional qualifications:</b>							
<b>Community Affiliations</b>							
<b>Previous Volunteer Experience (include organization and role)</b>							
<b>Do you have children in the program</b>				<b>Yes</b>		<b>No</b>	
<b>If yes – list names and ages</b>							
<b>Special certifications (i.e. CPR, medical, etc.)</b>							
<b>Have you ever been convicted of or plead guilty to any crime(s)?</b>				<b>Yes</b>		<b>No</b>	
<b>If yes, please explain:</b>							
<b>I would like to volunteer in:</b>		<b>Office</b>		<b>Fundraising/Events</b>		<b>Camps/Clinics</b>	

Please list three references, at least one of which has knowledge of your participation in a youth program.

<b>Name</b>	<b>Relationship</b>	<b>Address</b>	<b>Phone</b>

As a condition of volunteering, I give permission to Bo Jackson's Give Me a Chance Foundation (GMACF) to conduct a background check which may include; a review of sex offender registries, child abuse and criminal history records. I understand that, if appointed, my position is conditional upon GMACF not receiving any inappropriate information concerning my background. I hereby release and agree to hold Bo Jackson's Give Me A Chance Foundation harmless from all liability, including but not limited all officers, directors, employees and volunteers thereof, or any other person/organization that may provide such information. I also understand that regardless of previous appointments, GMACF is not obligated to appoint me to a volunteer position. If appointed, I understand I am subject to suspension or termination for violations of GMACF policies and principles.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

In consideration of being a volunteer for GMACF, I do hereby assume the risk of injury and all medical expenses incurred from any injury resulting from my volunteer participation. I understand, acknowledge and agree that I am not covered by workers compensation insurance or benefits provided thereunder and I do hereby release, discharge and hold harmless GMACF, its agents, representatives and employees from any and all claims whatsoever, known or unknown for damages or injuries to myself.

I hereby swear and attest that all information provided on this application is true and complete to the fullest extent of my knowledge. If I am accepted as a volunteer, GMACF may end the relationship immediately if I have made any false statements or material misrepresentations, written or verbal.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date