

SWFJGA Board of Directors/Volunteer Application

Contact Information

Name		
Street Address		
City, ST ZIP Code		
Home Phone & Work Phone		Cell phone:
Date of Birth		Social Security Number:
E-Mail Address		Occupation:

Current Employer Name: _____

Current Employer Address: _____

Current Employer Telephone Number: _____

Do you have children in this program? _____ Child's name _____

Do you have a valid driver license? Yes ___ No___ License # _____ State _____

Have you ever been refused participation in any other youth program? Yes___ No___ If yes, please explain:

Special professional training/skills/hobbies:

Summarize special skills and qualifications you have acquired from employment, previous volunteer work, or through other activities, including hobbies or sports that would be beneficial to SWFJGA.

Previous Volunteer Experience:

Personal Interest:

1. Describe why you are interested in SWFJGA?

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2. In which areas you are interested in volunteering:

Administration/Board Member ____ Events ____ Field work ____ Fundraising ____

Rules ____ Banquets/Awards ____ Committee Member ____ Food ____

3. Community affiliations (Clubs, Service Organizations etc.): _____

4. Please provide 3 personal references: Name/Address/Phone

Person to Notify in Case of Emergency

Name	
Street Address	
City ST ZIP Code	
Home Phone	
Work Phone	
E-Mail Address	

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.

Full Name (printed)	
Signature	
Date	

SWFJGA Policy

It is the policy of SWFJGA to provide equal opportunity 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 SWFJGA.