



VOLUNTEER APPLICATION

Name _____ Date _____

Address _____

Cell # _____ Email _____

EDUCATION

Are you currently a student? YES NO Highest Level of Education _____

EMPLOYMENT

Are you currently employed? YES NO

SKILLS & EXPERIENCE

Special training, skills, hobbies _____

What experiences have you had that may prepare you to work as a volunteer at Ancient City Gymnastics? _____

Why do you want to volunteer? [Or, what do you want to gain from this volunteer experience?]

Do you have a driver's license? YES NO Reliable transportation? YES NO

AVAILABILITY – List times you are available to volunteer below

MON _____ TUES _____ WED _____ THURS _____ FRIDAY _____ SAT _____

Please read the following carefully before signing this application:

I understand that this is an application for and not a commitment or promise of volunteer opportunity. I certify that I have and will provide information throughout the selection process, including on this application for a volunteer position and in interviews with Ancient City Gymnastics that is true, correct and complete to the best of my knowledge. I certify that I have and will answer all questions to the best of my ability and that I have not and will not withhold any information that would unfavorably affect my application for a volunteer position. I understand that information contained on my application will be verified by Ancient City Gymnastics. I understand that misrepresentations or omissions may be cause for my immediate rejection as an applicant for a volunteer position with [Name of Nonprofit] or my termination as a volunteer. I understand that I must pass a drug screening and background check before I am selected for a volunteer position at Ancient City Gymnastics.

Signature _____ Date _____