



Volunteer Application Form...

All fields are required to be filled out accurately prior to becoming a Moves & Grooves (MAG) volunteer. Incomplete applications will not be processed.

Please Print Name, Address and Telephone Numbers:

Last Name: _____

First Name: _____

Middle Name: _____

Mailing Address: _____

Apt or Suite Number: _____

City: _____ State: _____ Zip Code: _____

Home Telephone Number: _____ Cell Telephone: _____

E-mail Address: _____

Name of person to contact in case of an emergency:

Last Name: _____

First Name: _____

Relationship: _____

Telephone Numbers to call: Day: _____ Evening: _____

Information about your education: (Please fill in based on your current level of education.)

I have completed: ___ High School ___ Some College ___ College

*If applicable, please list the college that you are attending now: _____

If applicable, please denote what academic year you are in currently:

_____ Freshman _____ Sophomore _____ Junior _____ Senior

I need volunteer hours for school/college credit: _____ If yes, how many? _____

Information about your health:

Is there any health reason that might limit your ability to volunteer? _____ Yes _____ No

If yes, please describe: _____

How did you hear about volunteering at Moves & Grooves? Please check which one applies:

_____ A MAG Volunteer _____ Website _____ A MAG Employee

_____ Newspaper _____ TV _____ Work _____ School/College

_____ Other...please explain: _____

Information about your volunteer interests:

Please describe in detail why are you interested in volunteering here at Moves & Grooves?

Information about your interests/skills/experience and availability:

Would you prefer to volunteer: _____ Directly with children _____ Directly with families
_____ In support areas...please denote which specific area: _____

Please list your role and experiences or skills that relate to the preference indicated previously:

Please circle the most appropriate day and shift that you would be available to volunteer:

Mornings: Monday Tuesday Wednesday Thursday Friday Saturday

Afternoons: Monday Tuesday Wednesday Thursday Friday Saturday Sunday

Evenings: Monday Tuesday Wednesday Thursday Friday Saturday Sunday

Are you available/interested in supporting Moves & Grooves at Special Events?

____ No ____ Yes ____ Morning ____ Afternoon ____ Evening ____ Weekend

Are you available/interested in assisting with special projects such as mailings or office work?

____ No ____ Yes ____ Morning ____ Afternoon ____ Evening ____ Weekend

References:

Please print the **COMPLETE** mailing addresses of three people we may contact (**excluding relatives**

and roommates) who have known you for more than two years. Local references preferred.

Name: _____ Relationship: _____

Address: _____ City: _____ Zip: _____

Telephone: (____) _____

Name: _____ Relationship: _____

Address: _____ City: _____ Zip: _____

Telephone: (____) _____

Name: _____ Relationship: _____

Address: _____ City: _____ Zip: _____

Telephone: (____) _____

Moves & Grooves Inc. reserves the right to conduct state and federal background checks.

Have you ever been arrested for conducting or attempting to conduct a sexual offense?

____ Yes ____ No

If yes, please list the date(s) of the arrest(s) and any facts and circumstances surrounding the arrest(s). Being arrested does not automatically exclude you from consideration. If you meet the requirements, you will be able to explain the circumstances of your arrest. If you are subsequently arrested for conducting or attempting to conduct a sexual offense during the course of your volunteer services at MAG, you agree to notify executive director. Failure to do so may result in termination.

Have you ever been convicted, plead no contest, or plead guilty to a felony or misdemeanor?

____ Yes ____ No

Volunteer Privacy Information and Release Authorization

Please read the following carefully

Application information

I certify that all information in this application is true and complete.

I understand that any false information or omission may disqualify me from further consideration for volunteer service and may result in my dismissal, if discovered, at a later date.

References

I understand that Moves & Grooves requires information from me to evaluate my qualifications for volunteer service. I authorize and release personal references, employers (past and present), and, if necessary, other applicable entities to answer questions in regards to volunteer work, employment, ability, character, medical and emotional background and, if applicable, driving history.

Background investigation

I understand, in consideration of my application, a background investigation will be conducted.

I understand this investigation may include, but is not limited to, a criminal background check in the files of any Federal, state or local justice agency, driving history, performance of medical examinations, drug screening or reference verification.

I authorize Moves & Grooves Inc. and associated entities (collectively MAG) to conduct the background investigation and release MAG from responsibility for this investigation. I understand the requested information is for the sole purpose of gathering accurate information for volunteer services at Moves & Grooves Inc.

I have read and understand the above and by my signature consent to these statements.

Applicant Signature

Date

Volunteer Program Orientation Manual

Background Checks:

In an effort to create a safe environment for patients, visitors and employees, Children's conducts a national and county criminal background investigation. This investigation may include arrests and convictions. This report is kept confidential.