# VOLUNTEER FORM (Please Print)

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| Last Name | First Name | M.I. |
| Address City State ZIP Code |
| Date of Birth  | Sex | Languages Spoken |
| Phone Numbers (Home) | (Work ) | (Cell) |
| E-Mail | Best phone # to reach you | Best time to reach you |
| Occupation/Student | School or Business Name | Address City |
| Marital Status:  Single Married Divorced Separated  |
| Do you have any illness, addiction, or disability? Yes NoIf yes, please explain |
| Have you ever been convicted of a crime? Yes NoIf yes, please explain |
| Highest Level of Education: Middle School High School Junior College University Graduate School |
| Racial/ethnic group: Asian American African American Caucasian Hispanic/Latino Pacific Islander Native American Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Are you interested in (please check one of the following boxes): Mentoring Tutoring  |
| If you would like to be a tutor, would you feel comfortable tutoring in any of these areas? If so, check appropriate box.Language Arts: Reading & Comprehension Spelling Writing Research SkillsMathematics: Arithmetic Fractions Estimation Measurement & Statistical Principles Numerical & Graphic Relationships Algebra Geometry Trigonometry CalculusOther: Computers \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (please list) |
| Emergency Contact Name | Relationship | Phone Number |
| Emergency Contact Name | Relationship | Phone Number |
| How did you hear about Uncommon Good? |
| Please describe prior volunteer experiences, particularly in the areas of mentoring/tutoring/advocacy: |
| Any special interests or hobbies?  |

REFERENCES (Please provide three adult references other than family members who we may contact. If you are employed, one reference must be a supervisor)

1. Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­ Relationship \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone No.\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2. Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone No.\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3. Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­ Relationship \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone No.\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I hereby certify that the information provided is true and further understand any misrepresentation is grounds for removal from participation in Uncommon Good.

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Signature Date

Revised 110105