# 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 No  If yes, please explain | | | | | | | | | | |
| Have you ever been convicted of a crime? Yes No  If 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 Skills  Mathematics: Arithmetic Fractions Estimation Measurement & Statistical Principles  Numerical & Graphic Relationships Algebra Geometry Trigonometry Calculus  Other: 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.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature Date

Revised 110105