

## UNCOMMON GOOD

### VOLUNTEER FORM (Please Print)

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
<b>Marital Status:</b> <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated				
Do you have any illness, addiction, or disability? <input type="checkbox"/> Yes <input type="checkbox"/> No  If yes, please explain				
Have you ever been convicted of a crime? <input type="checkbox"/> Yes <input type="checkbox"/> No  If yes, please explain				
<b>Highest Level of Education:</b> <input type="checkbox"/> Middle School <input type="checkbox"/> High School <input type="checkbox"/> Junior College <input type="checkbox"/> University <input type="checkbox"/> Graduate School				
<b>Racial/ethnic group:</b> <input type="checkbox"/> Asian American <input type="checkbox"/> African American <input type="checkbox"/> Caucasian <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Pacific Islander <input type="checkbox"/> Native American <input type="checkbox"/> Other _____				
Are you interested in (please check one of the following boxes): <input type="checkbox"/> Mentoring <input type="checkbox"/> Tutoring				
If you would like to be a tutor, would you feel comfortable tutoring in any of these areas? If so, check appropriate box.  <b>Language Arts:</b> <input type="checkbox"/> Reading & Comprehension <input type="checkbox"/> Spelling <input type="checkbox"/> Writing <input type="checkbox"/> Research Skills  <b>Mathematics:</b> <input type="checkbox"/> Arithmetic <input type="checkbox"/> Fractions <input type="checkbox"/> Estimation <input type="checkbox"/> Measurement & Statistical Principles <input type="checkbox"/> Numerical & Graphic Relationships <input type="checkbox"/> Algebra <input type="checkbox"/> Geometry <input type="checkbox"/> Trigonometry <input type="checkbox"/> Calculus  <b>Other:</b> <input type="checkbox"/> Computers <input type="checkbox"/> _____ (please list)				
Emergency Contact Name		Relationship		Phone Number

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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