



VOLUNTEER APPLICATION (Please Print)

Last Name		First Name		M.I.
Address		City	State	ZIP Code
Date of Birth	Gender	Languages Spoken		
Preferred Pronouns		Do you identify as transgender? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Prefer not to answer		
Phone Numbers (Home)		(Work)	(Cell)	
E-Mail	Best phone # to reach you		Best time to reach you	
Highest Level of Education: <input type="checkbox"/> Middle School <input type="checkbox"/> High School <input type="checkbox"/> Junior College <input type="checkbox"/> University <input type="checkbox"/> Graduate School				
Occupation/Student	School or Business Name		Expected Graduation Date (if you are a student)	
Address			City	
Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> In a relationship				
Racial/ethnic group (please check all that apply): <input type="checkbox"/> Asian and/or Asian American <input type="checkbox"/> Black and/or African American <input type="checkbox"/> White/Caucasian <input type="checkbox"/> Hispanic/Latinx <input type="checkbox"/> Native Hawai'ian/Pacific Islander <input type="checkbox"/> American Indian/Alaska Native/Native American <input type="checkbox"/> Prefer not to answer <input type="checkbox"/> Other _____				
Do you have any illness(es), addiction(s), or disability? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Prefer not to answer If yes, please explain:				
Have you ever been convicted of a crime? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Prefer not to answer If yes, please explain:				
Do you use and/or own any guns and/or firearms? <input type="checkbox"/> Yes <input type="checkbox"/> No Are there any guns and/or firearms in your place of residency? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Do you have a Driver's License? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, in what state was your Driver's License issued? _____ Are you willing to drive a student? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not sure/maybe				



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Are you interested in (please check one of the following boxes): <input type="checkbox"/> Mentoring <input type="checkbox"/> Tutoring <input type="checkbox"/> Other _____		
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: <input type="checkbox"/> Reading & Comprehension <input type="checkbox"/> Spelling <input type="checkbox"/> Writing <input type="checkbox"/> Research Skills Mathematics: <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 Science & Social Sciences <input type="checkbox"/> Biology <input type="checkbox"/> Chemistry <input type="checkbox"/> Physics <input type="checkbox"/> Environmental Science <input type="checkbox"/> History <input type="checkbox"/> Anatomy & Physiology <input type="checkbox"/> U.S. Government <input type="checkbox"/> Economics Other: <input type="checkbox"/> Computer Science/Coding <input type="checkbox"/> Art <input type="checkbox"/> Music <input type="checkbox"/> SAT/ACT Prep <input type="checkbox"/> _____ (please list)		
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. _____

Email _____



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2. Name _____ Relationship _____ Phone No. _____

Email _____

3. Name _____ Relationship _____ Phone No. _____

Email _____

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

Printed completed forms should be sent via email to Carolina Vallejo at cvallejo@uncommongood.org.