



**VOLUNTEER APPLICATION (Please Print)**

Today's Date:		
Last Name	First Name	
Address	City	State ZIP Code
Date of Birth	Gender	Languages Spoken
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		



**VOLUNTEER APPLICATION (Please Print)**

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 If yes, do you have car insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No		
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?		



**VOLUNTEER APPLICATION (Please Print)**

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 \_\_\_\_\_

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

Send completed forms to Carolina Vallejo at [cvallejo@uncommongood.org](mailto:cvallejo@uncommongood.org).