



**VOLUNTEER APPLICATION (Please Print)**

Today's Date:				
Last Name		First Name		Middle Initial
Address		City	State	ZIP Code
Date of Birth	Sex	Languages spoken other than English:		
Pronouns		Do you identify as Trans? Yes                      No                      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: K-8      High School/GED		Some College/ No Degree	B.A/B.S	MA      Rj D/Doctorate      Other Professional Degree
Occupation/Student	School Name/Place of Employment		College Graduation Date (mm/yyyy)	
Address		If currently enrolled in college, are you eligible for work-study? (Pitzer College & HMC students only)      Yes      No		
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				



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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 circle): Mentoring                      Tutoring                      Farm Program      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"/> _____ (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?		



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REFERENCES (Please provide three (3) professional adult references who we may contact. These cannot be friends, neighbors, family members, or the like. 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).