



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:		Some College/ B.A/B.S MA Rj D/Doctorate Other Professional K-8 High School/GED No Degree 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 Volunteer Dungeon Master 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)		
For Tutors: Would you want to tutor in-person or over Zoom? Zoom Only In-Person Only Both		
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 Dre'Shawn Frencher at dfrencher@uncommongood.org.