# **RUNNING REBELS COMMUNITY ORGANIZATION** VOLUNTEER/COMMUNITY SERVICE APPLICATION

Thank you for considering Running Rebels to share of your time, knowledge, and heart. Please indicate your involvement preference and fully complete the application by sharing your interests & talents so that you may be utilized appropriately.

🗌 Volunteering 🗌 In	itern 🗌	<b>Community Service</b>	□ Seeking Employment
School:		Hours to Complete:	PT FT
<b>Information</b>			
Name (First, Middle, Last, Suffix) _			D.O.B
Current Address:			
City, State, Zip Code:			
Home Phone:			
Cell Phone:			
E-mail address:			
Facebook Name:			
<b>Emergency Contact</b>			
Name:			D.O.B
Address:			
City, State, Zip Code:			
Home Phone:		Work Phor	e:
Cell Phone:			
E-mail address:			

#### **Availability**

 Availability

 Monday:

 Tuesday:

 Wednesday:

 Thursday:

 Friday:

 Saturday:

 Total number of hours

 available per week:

Staff Use Only	
Received by: ID Submitted (Y/N): Approved (Y/N):	-
By: Action Taken:	

## **Referred by:**

### Date:\_

Please submit a copy of your current identification with this application.

## **Interests and Skills**

(please check all that apply)	Interest	Some Experience	Skilled
Tutoring			
Mentoring			
Athletics (Coaching / Assistance)			
Office/Administrative			
Music / Studio			
Audio Visual			
Retail Sales			
Construction			
Landscaping			
Car Wash			
Cooking / Catering			
Special Events Assistance			
Marketing / Fundraising			
Group Facilitator (ie: Arts, Trades, etc)			

## **Additional Skills and Talents**

Summarize any other skills and talents you may have acquired from employment, education, or through other experiences, including hobbies or sports, in which you are interested in sharing with our youth.

## **Agreement and Signature**

By submitting this application, I affirm that all the information given by me is true and complete. I also give Running Rebels Community Organization permission to use this information to conduct a criminal background check. I will not hold Running Rebels Community Organization liable for any injuries or illnesses I may incur as a result of my volunteer work with the agency.

Signature:\_\_\_\_\_Date:\_\_\_\_\_

Please submit a copy of your current identification with this application.