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** ☐ **Intern** ☐ **Community Service** ☐ **Seeking Employment**
School:_____ Hours to Complete:___ PT__ FT__

Information

Name (First, Middle, Last, Suffix) _____D.O.B._____
Current Address:_____
City, State, Zip Code:_____
Home Phone:_____Work Phone:_____
Cell Phone:_____
E-mail address:_____
Facebook Name:_____

Emergency Contact
Name:_____D.O.B._____
Address:_____
City, State, Zip Code:_____
Home Phone:_____Work Phone:_____
Cell Phone:_____
E-mail address:_____

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.

_____
_____
_____
_____

Have you ever been convicted of a felony? _____No _____Yes (Please Explain)

_____
_____
_____
_____

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.