The Fit Life Foundation for CHILD OBESITY

Volunteer Application

Application Date _____
Volunteer Position/Event Name: _____
Name _____
Home Address _____
Work Phone _____Home Phone _____

College Name or Work Affiliation (name of company if applicable)

_____

EMPLOYMENT or ORGANIZATION AFFILIATION
Current Employer, if applicable: _____
Position/Title _____
Would you like us to keep your employer abreast of your volunteer service and achievement?
No ☐ Yes ☐

SKILLS & EXPERIENCE
Special training, skills, hobbies _____
Groups, clubs, organizational memberships _____
Please describe your prior volunteer experience (include organization names and dates of service)

What experiences have you had that may prepare you to work as a volunteer in the field of public health and child obesity?

_____
_____
_____
_____

Why do you want to volunteer? [Or, What do you want to gain from this volunteer experience?]

_____
_____
_____
_____

Have you ever been convicted of a crime? [If yes, please explain the nature of the crime and the date of the conviction and disposition.] Conviction of a crime is not an automatic disqualification for volunteer work.

_____
_____
_____

Do you have a valid driver's license? No ☐ Yes ☐
Do you have valid car insurance? No ☐ Yes ☐
Do you have a car available for transporting others? ☐No ☐ Yes

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EMERGENCY CONTACTS & REFERENCES

Please list three people who know you well and can serve as your emergency contact.

Name	Relationship to you	Phone number

Please read the following carefully before signing this application:

I understand that this is an application for a volunteer opportunity and not employment. I certify that I have and will answer all questions to the best of my ability and that I have not and will not withhold any information that would unfavorably affect my application for a volunteer position. I understand that information contained on my application will be verified by Fit Life Foundation for Child Obesity staff. I understand that misrepresentations or omissions may be cause for my immediate rejection as an applicant for a volunteer position with Fit Life Foundation for Child Obesity or my termination as a volunteer. I understand pictures and videos may be present at events, and or offices of Fit Life Foundation for Child Obesity, and by signing below I acknowledge and release all rights, all and any claims, and ownership of my personal images, sounds, and videos captured of myself during my volunteer time for the nonprofit use of the Fit Life Foundation for Child Obesity.

Signature _____ Date _____

Thank you for volunteering! I look forward to meeting and working with you.

My best,

Ne-TashStar B. London
Visionary Business & Community Officer
The Fit Life Foundation for CHILD OBESITY
www.netashstar.wix.com/fitlifefoundation
Mobile: 916.752.1206
Office: 770.825.8274
It's all about the Fit Life!