

ONE FAM / BIKES 4 LIFE VOLUNTEER APPLICATION

Please Print Name, Address and Telephone Numbers: Incomplete or un-readable applications will not be processed.

Last Name: _____

First Name: _____

Middle Name: _____

Mailing Address: _____

Apt or Suite Number: _____

City: _____ State: _____ Zip Code: _____

Home Telephone Number: _____ Cell Telephone: _____

Pager Telephone Number: _____ Business Telephone: _____

E-mail Address: _____

Spouse Name: _____

Spouse's Home Phone: _____ Spouse's Business Phone: _____

Demographic Information:

Date of Birth: _____

Social Security Number: _____ - _____ - _____

Name of person to contact in case of an emergency:

Last Name: _____

First Name: _____

Relationship: _____

Telephone Numbers to call: Day: _____ Evening: _____

Information about your education: (Please fill in based on your current level of education.)

I have completed:

_____ High School

_____ Some College

_____ College

*If applicable, please list the college that you are attending now:

Information about your volunteer interests:

Please describe in detail why are you interested in volunteering here at ONE FAM / BIKES 4 LIFE

Please list your experiences or skills that relate:

Please list your current volunteer roles with location (if any) and list your previous volunteer roles:

Please circle the most appropriate day and shift that you would be available to volunteer:

Mornings: Monday Tuesday Wednesday Thursday Friday Saturday Sunday

Afternoons: Monday Tuesday Wednesday Thursday Friday Saturday Sunday

Evenings: Monday Tuesday Wednesday Thursday Friday Saturday Sunday

Are you available/interested in supporting ONE FAM / BIKES 4 LIFE at Special Events?

___ No ___ Yes ___ Morning ___ Afternoon ___ Evening ___ Weekend

Are you available/interested in assisting with special projects such as mailings or office work?

___ No ___ Yes ___ Morning ___ Afternoon ___ Evening ___ Weekend

References:

Please print the COMPLETE mailing addresses of three people we may contact (excluding relatives and roommates) who have known you for more than two years. Local references preferred.

Name: _____ Relationship: _____

Address: _____ City: _____ Zip: _____

Telephone: (____) _____
Name: _____ Relationship: _____

Address: _____ City: _____ Zip: _____

Telephone: (____) _____
Name: _____ Relationship: _____

Address: _____ City: _____ Zip: _____

Telephone: (____) _____

ONE FAM / BIKES 4 LIFE reserves the right to conduct state and federal background checks.

Have you ever been arrested for conducting or attempting to conduct a sexual offense?
_____ Yes _____ No

If yes, please list the date(s) of the arrest(s) and any facts and circumstances surrounding the arrest(s). Being arrested does not automatically exclude you from consideration. If you meet the requirements, you will be able to explain the circumstances of your arrest. If you are subsequently arrested for conducting or attempting to conduct a sexual offense during the course of your volunteer services at ONE FAM / BIKES 4 LIFE, you agree to notify us. Failure to do so may result in termination.

Have you ever been convicted, plead no contest, or plead guilty to a felony or misdemeanor?

_____ Yes _____ No