



ToMorrow's Leaders After School Program Application

VOLUNTEER APPLICATION

NAME: _____
Last First MI

ADDRESS: _____
Street City State Zip

HOME PHONE: _____ MOBILE: _____ EMAIL _____

DRIVERS LICENSE NUMBER: _____ STATE OF LICENSE: _____

DATE OF BIRTH: _____

DATE YOU ARE ABLE TO START VOLUNTEER SERVICE: _____

DAYS AND TIMES YOU ARE AVAILABLE: _____

DATE YOU BELIEVE YOU WILL END VOLUNTEER SERVICE: _____

Have you been convicted of a felony or misdemeanor? Yes No
If so, explain _____
Are you a U.S. Citizen or legally authorized to work in the U.S.? Yes No
Are you willing to be background/fingerprint checked? Yes No

EDUCATION/TRAINING: (note highest year completed)

High School: _____
Name City State Diploma YR

Business/Vocational: _____
Name City State Diploma YR

College/University: _____
Name City State Diploma YR

HAVE YOU EVER WORK WITH TOUCHING MIAMI WITH LOVE? Yes No

When/Program: _____

OTHER EXPERIENCE INCLUDING VOLUNTEER/CHURCH WORK:

1. _____
2. _____
3. _____
4. _____

CONFIDENTIAL INFORMATION

The information in this section is being requested on a **voluntary** basis. It will, to the extent allowed by law, be kept confidential. Failure to provide the information requested here will not jeopardize or adversely affect any consideration you may receive for employment.

Military Service

US Military? Yes No If Yes, what Branch? _____
Are you? A special disabled veteran Vietnam Era Veteran Other eligible veteran

Race/Ethnic Origin

African American (not of Hispanic origin) American Indian/Alaskan Native
 Asian/Pacific Islander Caucasian (not of Hispanic origin)
 Hispanic Haitian-American

Sex: Male Female Age: under 18 years 18-39 years 40 & over

NOTE: The above information is required for identification purposes only, and is in no manner used as qualifications for employment. Touching Miami with Love abides by all applicable state and federal employment laws.

PLEASE READ CAREFULLY BEFORE SIGNING AND DATING:

I CERTIFY that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, false, misleading or incomplete statements on this application shall be grounds for dismissal.

SIGNATURE OF APPLICANT _____ **DATE** _____

STAFF USE ONLY

Application accepted by _____ Date _____
Staff Member's Name

Fingerprint Background Check Mailed to State: _____ Date

Received Report back from State of FL: _____ Date

Accepted as volunteer Yes No Reason: _____

Date to Start: _____