



# ToMorrow's Leaders After School Program Volunteer Application



This program funded in part by the

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. \_\_\_\_\_

