

# TORCHBEARERS VOLUNTEER APPLICATION

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## FOR INTERNAL USE ONLY

Date application received \_\_\_\_\_

Received/ processed by \_\_\_\_\_

Supporting documents received? \_\_\_YES\_\_\_NO

## Personal Information:

Male

Female

Are you under the age of 18?

YES  NO

SS# (if applicable) \_\_\_\_\_

Last Name \_\_\_\_\_

First Name \_\_\_\_\_

M.I. \_\_\_\_\_

Current Address (Street Number and Name) \_\_\_\_\_

Apt. # \_\_\_\_\_

City \_\_\_\_\_

Postal or Zip Code \_\_\_\_\_

Email Address \_\_\_\_\_

Home Telephone \_\_\_\_\_

Business Telephone \_\_\_\_\_

Date of Birth (MM/DD/YYYY) \_\_\_\_\_

Do you have a driver's license?

YES  NO

Driver's License # \_\_\_\_\_

State Issued In \_\_\_\_\_

Expiration Date \_\_\_\_\_

Do you have any physical limitations?  YES  NO

If yes, please explain below:

Please check highest level of education completed:

High School

College

Graduate School

Business/ Technical/ Vocational

What is your occupation? \_\_\_\_\_

If currently enrolled in school, what is your course of study? \_\_\_\_\_

empowering our children through universal love and giving

p.o. box 450635  
sunrise, fl 33345-0635  
(305) 992-3767 (t)

www.torchbearersfoundation.com  
info@torchbearersfoundation.com  
(954) 748-5663 (f)

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## Volunteer information:

Please list your skills and indicate your level of proficiency:

	Basic	Intermediate	Advanced
1. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Do you speak any other languages?  YES  NO If yes, please list below and indicate your proficiency level:

	Fluent	Read	Write
1. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please list previous volunteer experience:

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Briefly explain your area of interest for volunteering with Torchbearers Foundation:

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What are some of the gifts you feel you bring to this organization?

Please share your testimony that compels you to be passionate for our youth and their current educational challenges?

Why do you want to volunteer with the Torchbearers Foundation and what do you plan to get out of it?

Please indicate your availability per week and what days of the week you are available (please check all that apply):

# of Days Per Week -  1  2  3  4  5

Monday  Tuesday  Wednesday  Thursday  Friday  Saturday  Sunday  No preference

Are you willing to host an empowerment workshop?  YES  NO

If yes, what are some of your areas of interest?

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References:

Name:	# of Years Known:
Home Phone: (    )	Business Phone: (    )
Address:	
Relationship:	

Name:	# of Years Known:
Home Phone: (    )	Business Phone: (    )
Address:	
Relationship:	

Name:	# of Years Known:
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## Volunteer Agreement

I understand that any false statement made as part of this application will be considered sufficient cause for dismissal.

I authorize any inquiry to be made on any information contained in this application if I am considered for volunteer placement

I understand that volunteer positions are subject to change in conditions and operating policies.

I understand that if accepted as a volunteer:

- a. I will abide by Torchbearers Foundation general policy concerning confidentiality
- b. I will observe all of Torchbearers Foundation regulations
- c. I voluntarily offer my service with a clear understanding that there is no monetary compensation.

Volunteers hereby agree to serve any client who is assigned regardless of race, sex, creed or national origin.

Applicant Name

Signature

Date (MM/DD/YY)

Staff Name

Signature

Date (MM/DD/YY)

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