

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
torchbearersfoundation@gmail.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:

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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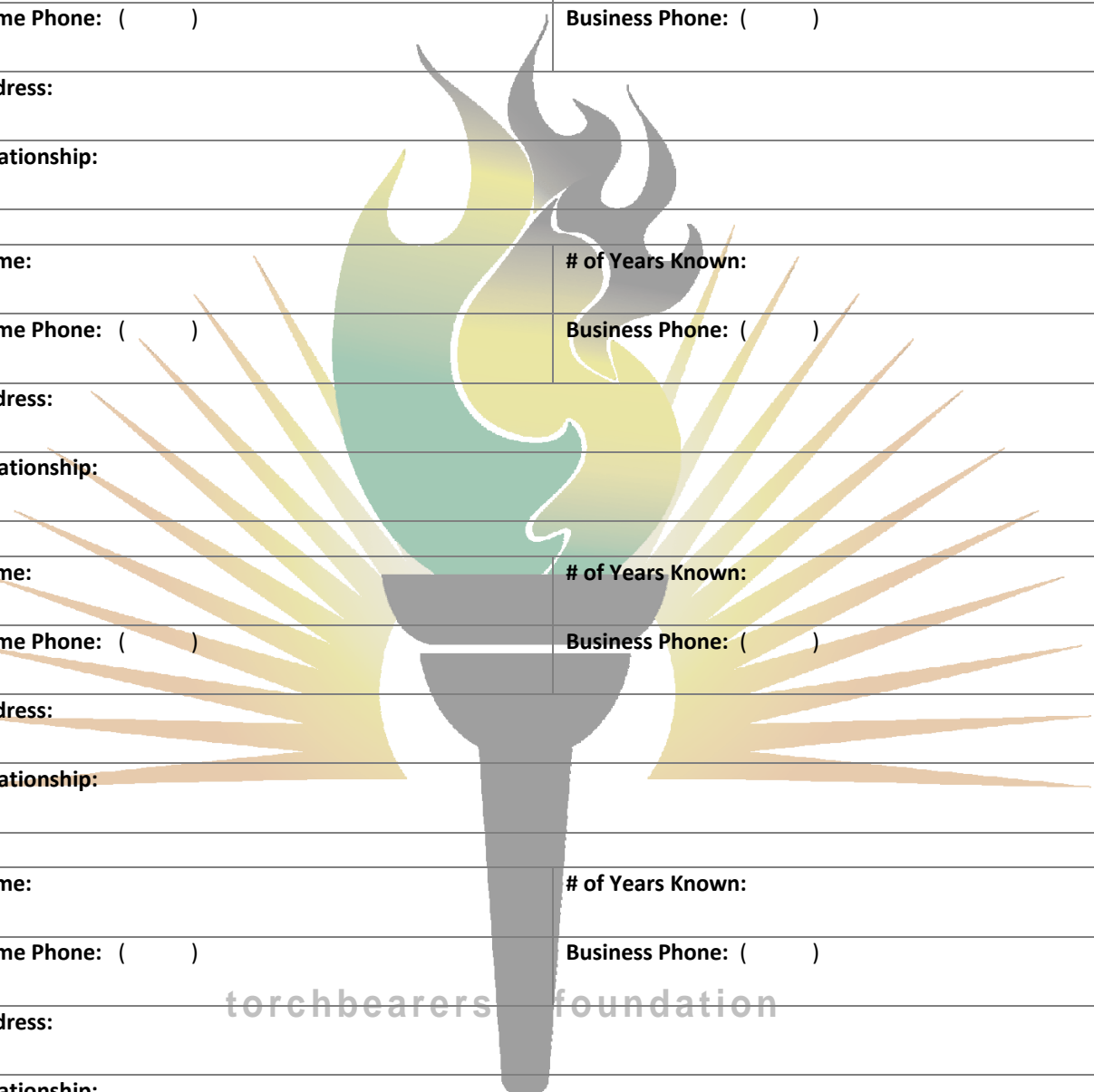
References:

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

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Home Phone: ()	Business Phone: ()
Address:	
Relationship:	

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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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