

Community Volunteer Application

| 1.) Event Applying For: | | | |
|---|-----------------------------------|--------------------------------|------------------------------|
| 2.) How did you hear about us? | | | |
| Please complete all sections (front and back) of this of an equal opportunity employer. All applicants consider religion, sex, national origin, age, physical or mental or local laws. | lered for positions without regar | d to veteran status, uniformed | service member status, race, |
| 3.) Name | | | |
| 4.) Date Of Birth (MM/DD/YY) | 5.) Phone (|) | |
| 6.) Email | | _ | |
| 7.) Current Address | | | |
| 8.) If applicable, please enter the name o Team, or Program you are representing) | f the group (Business, Sch | nool, Scholarship, Busine | ss, Charity, Club, |
| Person of Contact | Jot | o Title | |
| Email | Phone (|) | |
| Home Address (if Different From Mino | | | |
| Email | | | |
| Phone (if Different from Minor) | | | |
| 10.) Emergency Contact Name | | | |
| Phone () | | | |
| Relationship | | | |
| 11.) Will you need a record of volunteer | hours? Y N | | |
| 12.) Do you understand that volunteers u Y N | under the age of 14 must | be accompanied and sup | ervised by an adult? |
| 13.) Do you understand that you must be | e able to provide a valid p | hoto ID upon arrival to t | he event? Y N |
| 14.) Do you use illegal drugs? Y N | | | |
| 15.) Have you ever been convicted of, or | granted probation before | e judgment for a crimina | l offense? Y N |



16.) Have you ever been charged (as an adult or juvenile) with neglect, abuse, or assault? Y__ N__

17.) If working directly with students, do you understand that Mainspring Academy may require an additional application process, which will include a Level II background screening? Y__ N__

18.) Record of Volunteer Hours (if applicable)

Name of School, Scholarship, Business, Group, or Program requiring a record of volunteer hours (if different from question 8.)

| Contact Person: | Job Title | |
|-----------------|------------|--|
| Email: | Phone: () | |

19.) Please briefly list volunteer experience:

| | Company | Volunteer Role | Approximate Date(s) started and ended (MM/YY)- (MM/YY) |
|-----------|---------|----------------|--|
| Project 1 | | | |
| Project 2 | | | |
| Project 3 | | | |

20.) Adult non-Family reference:

| | Name | Relationship/Job Title | Phone (000)000-0000 |
|-----------|------|------------------------|---------------------|
| Reference | | | |
| | | | |

21.) I understand that my volunteer application does not guarantee a position at the event. A volunteer coordinator will reach out for more information and send an email with additional event details. Y_ N_

22.) Can you perform the major job functions as listed in the job description with or without reasonable accommodations? Y__ N__

If accomodations needed, please describe:



23.) Would you like to be contacted for any future volunteer/internship opportunities? Y__ N__

Area(s) of Interest (Select all that apply):

| Special Events (Holiday) Fundraisers Special Olympics Summer Camp |
|---|
| Saturday Service Days (Repair, Cleaning, Organization) Childcare Classroom Teaching Early |
| InterventionSupply Collection Donor/Sponsor Outreach Vocational/Transitional Support |
| Advocacy Clinical Supervision Applied Behavior Analysis Nonprofit Management/Development |
| Grant Writing Donor Stewardship Project Management Board of Directors |
| Marketing/Communications Nonprofit Finance Clerical Adaptive Enrichment (Art, PE, Music, |
| Yoga, etc.) Admissions Other: |

24.) I understand that if working directly with students, Mainspring Academy will conduct a fingerprinting and Level II Background check.

I understand that Mainspring Academy may now have, or may establish, a drug-free workplace to consistent with applicable federal, state, and local laws. I agree to volunteer under the conditions requiring a drug-free workplace, consistent with applicable federal, state, and local laws.

I certify that all the information on this application and any supporting documents presented with this application is accurate to the best of my knowledge. I understand that any falsification, misrepresentation, or omission of any information may result in disqualification from consideration.

I AGREE TO CONFORM TO THE RULES AND REGULATIONS OF MAINSPRING ACADEMY.

I authorize Mainspring Academy to confirm all statements contained in this application and/or resume as it relates to the position I am seeking and to the extent permitted by federal, state, and local laws. I agree to comply with any and all required pre and post-employment screenings to include background check, drug screen, and driving history investigation.

I authorize and consent to, without reservation, any party or agency contracted by this employer to furnish the above mentioned information. I hereby release, discharge, and hold harmless, to the extent permitted by federal, state, and local law, and any party delivering information to Mainspring Academy to this authorization from any liability, claims, charges, or causes of action which I may have as a result of the delivery or disclosure of the above requested information. I hereby release from liability Mainspring Academy for seeking such information and all other persons, corporations, or organizations furnishing such information.

I CERTIFY THAT ALL OF THE INFORMATION THAT I HAVE PROVIDED ON THIS APPLICATION IS TRUE, ACCURATE, AND COMPLETE. (continued on the next page)



25.) Applicant Signature:_____

Date:_____

Please complete this paper application here, submit it to the front desk, upload, or email it to info@mainspringacademy.org.