



VOLUNTEER APPLICATION

This application is to be completed by all those wishing to serve with the Full Circle Foundation in any capacity. It is being used to help Full Circle provide a safe and secure environment for everyone who participates in our programs and services.

Name: _____ Date: _____
_____ (First) _____ (Last)

Address: _____
_____ (Street) _____ (City) _____ (State)
_____ (Zip)

Phone: _____
_____ (Home) _____ (Cell) _____ (Work)

Email Address: _____

Emergency Contact: _____
_____ (Name) _____ (Phone)

Have you had previous involvement with Full Circle? Y/N. If yes, in what capacity?

How did you hear about Full Circle Foundation?
Social Media _____ Website _____ Word of Mouth _____

In what program(s) do you wish to be involved?
_____ Upscale Resale Shop _____ TEAM 26 Micro Enterprise Services
_____ Edible Garden _____ Community Campus Classrooms
_____ Internet Sales _____ Other _____

Are you CPR certified? _____ Are you trained in First Aid? _____

What skills do you possess that would be of benefit to our organization's mission?

List 3 personal references. They must be over 18 and not related to you:

Name	Relationship	Phone Number

Driver's License # _____ Expiration Date _____

Have you ever been convicted of a felony offense excluding minor traffic violations? Y/N

If yes, please explain:

I understand that by serving as a volunteer, I am not entitled to nor am I going to receive any type of monetary compensation for my work. I release the Full Circle Foundation from any and all liability in the course of my volunteerism except in cases of gross negligence or intentional misconduct.

The information contained in this application is correct to the best of my knowledge. I authorize any references, which are listed in this application to give you any information they may have regarding my character and fitness for working with this organization. I also authorize the Full Circle Foundation to conduct a background check with the necessary authorities to verify my fitness to serve.

I authorize the Full Circle Foundation to make audio and/or video recordings of the program activities, and I give permission for the Full Circle Foundation to record my picture and voice on photographs, films, and tapes, without payment, and to incorporate these recordings into public relations and advertising materials and to use in any manner of media whatsoever.

I understand that the personal information in this application will be held confidential by the Full Circle Foundation staff.

Signature: _____ Date _____

If a Minor,
Parent or Guardian Signature _____ Date _____