

## Junior Volunteer Form

(This application is for those who are 18 and under)

|  |      |                              |       |             |       |               |       |  |      |  |
|--|------|------------------------------|-------|-------------|-------|---------------|-------|--|------|--|
| Date:  |      |                              |       |             |       |               |       |  |      |  |
| Name:  |      |                              |       |             |       |               |       |  |      |  |
| Address:   |      |                              |       |             |       |               |       |  |      |  |
| Major Crossroads:  |      |                              |       |             |       |               |       |  |      |  |
| Phone:   |      |                              | Work: |             |       |               | Cell: |  |      |  |
| Email:   |      |                              |       |             |       |               |       |  |      |  |
| <b>In Case of an Emergency, please contact the following:</b>                            |      |                              |       |             |       |               |       |  |      |  |
| Name:  |      |                              |       |             |       | Relationship: |       |  |      |  |
| Phone:   |      |                              |       |             |       |               |       |  |      |  |
| <b>Mark (x) the days and times that you are available to volunteer:</b>                  |      |                              |       |             |       |               |       |  |      |  |
| Mon:   | Tue: |                              | Wed:  |             | Thur: |               | Fri:  |  | Sat: |  |
| Morning:   |      | Afternoon:                   |       | Evening:    |       | Hours:        |       |  |      |  |
| # Hours per week/month   |      |                              |       |             |       |               |       |  |      |  |
| Do you have your own transportation?   |      |                              |       | Yes         |       | No            |       |  |      |  |
| Do you have a Fingerprint Clearance Card?  |      |                              |       | Yes         |       | No            |       |  |      |  |
| <b>Mark (x) the types of volunteer activities that you prefer:</b>                       |      |                              |       |             |       |               |       |  |      |  |
| Fitness Room   |      | Get Hooked Up (M-F 4:30-7pm) |       | Tournaments |       | Rock Wall     |       |  |      |  |
| <b>Why are you interested in volunteering at Ability360 Sports &amp; Fitness Center?</b> |      |                              |       |             |       |               |       |  |      |  |
|  |      |                              |       |             |       |               |       |  |      |  |

More on reverse side →

**Please provide 3 references:**

|               |  |        |  |
|---------------|--|--------|--|
| Name:         |  |        |  |
| Relationship: |  | Email: |  |

|               |  |        |  |
|---------------|--|--------|--|
| Name:         |  |        |  |
| Relationship: |  | Email: |  |

|               |  |        |  |
|---------------|--|--------|--|
| Name:         |  |        |  |
| Relationship: |  | Email: |  |

- References need to respond to reference check email within one week of it being sent.

Ability360 Sports & Fitness Center has a vital interest in maintaining a safe, healthy, and productive work environment for its volunteers, employees, and consumers. As a result, all individuals who are accepted into the Volunteer Program will be required to successfully complete a back ground check.

Ability360 Sports & Fitness Center reserves the right to terminate an applicant for the volunteer program, or a volunteer at anytime.

I hereby state the above information is correct to the best of my knowledge and authorize investigation and verification of all statements contained in this application. I understand that misrepresentation or omission of facts may render me ineligible for consideration.

|   |  |              |  |
|---|--|--------------|--|
| <b>SIGNATURE :</b>                          |  | <b>DATE:</b> |  |
| <b>Parent/Guardian SIGNATURE REQUIRED :</b> |  | <b>DATE:</b> |  |

- Please allow 2 business weeks before contacting in regards to volunteer status.

Complete and return to:

Ability360 Sports & Fitness Center  
Attn: Katie Ritter, CTRS  
Therapeutic Recreation Specialist  
Volunteer Coordinator  
5031 E. Washington St.  
Phoenix, AZ 85034  
(602) 386-4285  
[katier@ability360.org](mailto:katier@ability360.org)