

## General Volunteer Form

|  |      |            |       |                               |       |               |       |    |           |  |
|--|------|------------|-------|-------------------------------|-------|---------------|-------|----|-----------|--|
| Date:  |      |            |       |                               |       |               |       |    |           |  |
| Name:  |      |            |       |                               |       |               |       |    |           |  |
| Address:   |      |            |       |                               |       |               |       |    |           |  |
| 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   |      |            |       | Tournaments or Special Events |       |               |       |    | 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> |  |
|-------------------|--|--------------|--|

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

Complete and return to:

Ability360 Sports & Fitness Center  
Attn: Miranda Vaughn  
Program Specialist  
Recreation Therapy  
5031 E. Washington St.  
Phoenix, AZ 85034  
mirandav@ability360.org