



General Volunteer Form

Date:										
Name:										
Address:										
Phone:			Work:				Cell:			
Email:										
In Case of an Emergency, please contact the following:										
Name:						Relationship:				
Phone:										
Mark (x) the days and times that you are available to volunteer:										
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		
Mark (x) the types of volunteer activities that you prefer:										
Fitness Room		Tournaments or Special Events					Rock Wall			
Why are you interested in volunteering at Ability360 Sports & Fitness Center?										

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.

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

Complete and return to:

Ability360 Sports & Fitness Center
Attn: Brielle Carter
Senior Manager
Operations and Sports & Fitness
Center
5031 E. Washington St. Phoenix, AZ
85034
briellec@ability360.org