

Volunteer Application



**JAMAAL ADDISON MOTIVATIONAL
FOUNDATION**
404-509-1001
www.jamaaladdisonfoundation.org

Contact Information

Name	
Street Address	
City, State, Zip Code	
Home Phone/Work Phone	
Business/School (Grade)	
E-Mail Address	

Availability: Our service hours are 7a-7p M-Fri (Sat as scheduled)

During which hours are you available for volunteer assignments?

___ Weekday mornings ___ to ___
___ Weekday afternoons ___ to ___
___ Weekday evenings ___ to ___
Days: _____, _____

Interests

Tell us what areas you are interested in volunteering

___ Administrative
___ Special Events
___ Greeter
___ Fundraising
___ Photographer
___ Mentor
___ Social Media Marketing
___ Facilitator

Special Skills or Qualifications

Summarize special skills and qualifications you have acquired from employment, previous volunteer work, or through other activities, including hobbies or sports.

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Previous Volunteer Experience

Summarize your previous volunteer experience.

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Person to Notify in Case of Emergency

Name	
Street Address	
City ST ZIP Code	
Home Phone	
Work Phone	
E-Mail Address	

Agreement and Signature

By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if I am accepted as a volunteer, I will be asked to submit to a criminal records check, any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal and or criminal charges if convicted of any undisclosed child related charges.

Name (printed)	
Signature	
Date	

Do you have a criminal record of been accused of child abuse, neglect, sex crimes, any other assault related crimes?
() Yes () No If Yes, Explain: _____

Our Policy

It is the policy of this organization to provide equal opportunities without regard to race, color, religion, national origin, gender, age, or disability.

Thank you for completing this application form and for your interest in volunteering with us. You may email your information to us at jamaaladdisonfoundation@gmail.com or call 404-599-1001.

Patricia Roberts,

Executive Director