



## VOLUNTEER APPLICATION

Name (Print) \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Main Phone: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_ D.O.B. \_\_\_\_\_

Work Phone: \_\_\_\_\_ Driver's License # \_\_\_\_\_ State \_\_\_\_\_

May we call you at work?  Yes  No

Current Job and Responsibilities: \_\_\_\_\_

\_\_\_\_\_

Previous Work Experience: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Golf Skill and Experience: \_\_\_\_\_

\_\_\_\_\_

Other Special Skills, Training, and Hobbies: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Community Affiliations (Clubs, Churches, Service Organizations, etc.) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Previous Volunteer Experience with Children or Youth: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

How many hours / week are you able to volunteer? \_\_\_\_\_

Are you able to make a commitment to The First Tee Chapter for at least one year? \_\_\_\_\_  
If no, please explain: \_\_\_\_\_

Do you have - Your own transportation? \_\_\_\_\_ Yes \_\_\_\_\_ No

- Liability insurance? \_\_\_\_\_ Yes \_\_\_\_\_ No

Why do you want to serve as a volunteer for The First Tee of Greater El Paso? \_\_\_\_\_

What qualities do you feel you have that would enable you to work with children to develop their life skills? \_\_\_\_\_

Please list three professional and/or personal references (not including relatives) with complete addresses and phone numbers below. References will remain confidential.

Name/Relationship

Address

Phone

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

I hereby authorize any organization affiliated with The First Tee of Greater El Paso to investigate my background as necessary for the consideration of my application.

I further authorize all persons, schools, companies, organizations, credit bureaus, and law enforcement agencies to supply all information concerning my background and to furnish reports thereon and I hereby release them and any organization affiliated with The First Tee of Greater El Paso from any and all liability and responsibility arising from their doing so.

I certify that the answers given by me to all questions on this application and any attachments are, to the best of my knowledge and belief, true and correct and that I have not knowingly withheld any pertinent facts or circumstances. I understand that any omission or misrepresentation of fact in this application may result in refusal of or separation from volunteer service upon discovery thereof.

Volunteer Signature: \_\_\_\_\_ Date \_\_\_\_\_

Volunteer Name (Please Print): \_\_\_\_\_