



Project Impact Volunteer Application

Date: _____

Instructions:

- 1. Please use a black or blue pen. Print neatly, so your answer is easy to read.
- 2. Carefully read the information on the application. Once you have answered the questions and reviewed all information, sign and date the application.

Personal Information

Name: _____ D.O.B: _____
Last First Initial

Address: _____
Street (Apt.) City/State Zip

Contact Information: (____) _____ (____) _____ (____) _____
Mobile Home Work

Current Occupation: _____ Employer: _____

Are you currently in school? Yes No

School Name: _____ Area of Studies: _____

Special Certification (i.e. CPR, Medical, etc.): Yes No

Please list all: _____

Language Spoken/Special Skill: _____

Teachers Only:

Please list teacher certification field, teacher level, and expiration date. Example: Music P-12, T4 6/2019

Previous Work/Volunteer Experience with Children: Yes No



Transportation/Driver ONLY

If necessary for the job, I am able to:

Provide a valid Georgia Driver's License: **Yes** **No**

If so, fill out the following:

Issuing State: _____ Type: _____

Endorsement(s): Bus Passengers Tankers Tanker w/Hazard Materials

Hazardous Materials Double/Triple Trailers

Volunteer Experience

From: ___/___/___ To: ___/___/___

Organization Name: _____

Address: _____

Person of Contact: _____ Phone: _____

From: ___/___/___ To: ___/___/___

Organization Name: _____

Address: _____

Person of Contact: _____ Phone: _____

What hours/days can you work? Please fill in the time.

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday

PLEASE CIRCLE ALL AREAS OF VOLUNTEER INTEREST AND/OR EXPERIENCE

- Arts/Crafts
- Academics
- Games
- Office
- Graphic Design
- Storytelling

- Health & Fitness
- Public Relations
- Dance
- Public Speaking
- Gardening
- Transportation

- Drama
- Typing
- Maintenance
- Cooking
- Photography
- Technology

Other (Please Specify): _____



Have you ever been convicted of or plead guilty to any crime (s): **Yes** **No**

Have you ever been refused to participate in any youth programs? **Yes** **No**

Have you ever received deferred adjudication for an offense or otherwise required to register as a Sex Offender under any state or federal statute? **Yes** **No**

If you answered "Yes" to question 1, 2, or 3, provide complete details:

Three horizontal lines for providing details.

Statement of Volunteer Commitment and Release

I certify the statements made in this volunteer application are true and correct, and have been given voluntarily. I authorize Project Impact Community Development Inc., to verify, in whole or in part, any information provided on this application. I understand that this information may be disclosed to any party with legal and proper interest, and I release Project Impact Community Development Inc., from any liability whatsoever for supplying such information. Furthermore, I recognize my right, as a volunteer, to discontinue my service at any time and for any reason. I also understand that Project Impact Community Development Inc., reserves the right to discontinue my volunteer relationship. Additionally, I understand and agree that I shall not expect to receive any form of payment, including cash (wages), food, clothing, or shelter for talents and services I contribute to Project Impact Community Development Inc.

Also, I agree that photographs taken of me by Project Impact Community Development Inc., its agents or other third parties may be used by Project Impact Community Development Inc., for purposes that support Project Impact Community Development Inc. vision and mission. I give Project Impact Community Development Inc., including its partner organizations, the right to use, publish, display, copy, modify, and distribute such images at any time, in any manner or medium now existing or later discovered, including without limitation use in print, Internet, television, and mailed promotions. Likewise, Project Impact Community Development Inc. may publish the images with quotations provided or submitted by me. I agree that Project Impact Community Development Inc. does not need my consent or approval of finished products, copy, or other matter used in connection with the images, or the use to which the images might be applied.

I have read this document and understand it. My submission to the terms of this Agreement is my free and voluntary act and deed, and I acknowledge that this Agreement shall be binding upon me and my heirs, and legal representatives. I have the right and ability to enter into this Agreement, and to grant the rights and furnish all images submitted by me pursuant to this Agreement. I am eighteen years of age or older, and, if acting on behalf of a minor, have every right to contract for the minor in the above regard.

I hereby acknowledge that I have read and understand the preceding statement.

Applicant Signature

Date

Print Name

Birth Name

Please mail application to the address listed below

**Thank you for your interest in Project Impact Community Development, Inc.
We will be in touch with you to help find a volunteer placement that meets your special skills**