

Date of Application: Must be 15 & older. If younger than 18 will need guardian approval signature Please print!

Name:							
Street Addr	ess:						
City:		Sta	ate:	Zip Co	ode:		
Phone: Hor	ne:	M	obile:				
Email:							
Emergency	Contact: in c	case of an em	ergency who s	hould we con	tact?		
Name:			Phone:				
Name:			Phone:				
		•	should not be worked with ye		could be tead	chers, employ	ers or
Name: Phor		ers willo flave	WOIKEG WITH Y	ou.			
Transcri i io							
Relationship	o:						
Name: Phor							
Relationship): 						
Why do you	want to volu	nteer with Ma	arionMade! Ple	Pase give us a	short explan	ation	
viny do you	want to void	THE CT WITH TWI	arrominade. i n	case give as a	Short explain		
Do you need	d community	service hours	? Yes 🤇) No ()		
If yes, for: so	chool 🔾	workplace 🔘	court-ord	dered 🔘	other (exp	olain)	
Harra con a		:	2 V		1- (
Have you ev	er been conv	icted of a felc	ony? Yes		lo 🔾		
Are you applying for a specific volunteer position?							
Are you apprying for a specific volunteer position:							
Mascot () Mascot Handler () Events ()							
Database entry Community Relations Newsletter Newsletter							
المامانية							
Availability to volunteer							
I prefer to work: in public behind the scenes either either either							
I prefer to work: alone with a group either Hours preferred per week: 1-2 3-4 4-6 less frequently than weekly							
I prefer to volunteer: on a regular schedule as needed/occasionally							
Are you looking for a long term or short term commitment? Yes No							
, 5 5 5							
Which day							
of the	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
week							
Time							

Employment History: please tell us about your most recent paid positions, if applicable		
Employer:	Dates of Employment	Description of your Duties
Employer:	Dates of Employment	Description of your Duties
Volunteer History: please tell us about your volunteer experiences, if applicable		
Organization	Dates Volunteered	Description of your Duties
Organization	Dates Volunteered	Description of your Duties
Educational History		
School	School	Area of Study/Major

General Questions

1.	Volunteer work may ask you to lift heavy items (up to 30 pounds).
	Would this be a problem? Yes \(\cap \) No \(\cap \)

2.	Do you have any special skills or talents that may be useful during your time as a volunteer?
	Examples: Sign language, business expertise, crafts, computers, cash register experience. Please
	list below

General Information

- Please understand that we will try our best to fit you with an assignment that you will enjoy.
- Please allow two weeks for your application to be processed though some positions may not start immediately.
- Submitting a volunteer application does not guarantee placement. Once accepted as a volunteer, an assignment can end at any time at the discretion of the MarionMade! Program Manager or the Marion Technical College.
- Qualified volunteer applicants are considered without regard to race, color, religion, sex, national origin, age, marital status, non-job related medical condition or disability.

Statement of Understanding

• I certify that all statements made in this application are true and correct to the best of my knowledge, and I agree and understand that if I am accepted into the MarionMade! volunteer program, any false statements may result in my dismissal from the program.

- I grant MarionMade! and the Marion Technical College full permission to use my name, any photographs, videos, motion pictures, or recordings obtained through the volunteer program for any publicity and promotional purposes without obligation or liability to me.
- I acknowledge that there is no salary or other compensation for my services as a volunteer.
- I understand that MarionMade! or the Marion Technical College shall not be responsible for the loss or damage of personal property and possessions of the volunteer.

Signature of Volunteer	Date	
Guardian/Parent Signature	Date	