

Full Circle Nature School
VOLUNTEER / BARTER APPLICATION FORM

SECTION I

Date _____

Name _____

Address _____ City _____ State _____ Zip _____

Home phone: _____ Cell Phone: _____ email: _____

SECTION II

Previous Volunteer Experience _____

Occupation (Past occupation if retired): _____

Other information that will help us make a good match (such as education, general interests/hobbies) _____

Languages Spoken: _____

I wish to (circle one): Volunteer Barter for tuition

SECTION III

Availability and Volunteer Assignment Preferences

Please Check All That Are Applicable:

- | | | | |
|----------------|---|---|--|
| I Am Available | <input type="checkbox"/> Mornings (Mon-Fri) | <input type="checkbox"/> Afternoons (Mon-Fri) | <input type="checkbox"/> Evenings (Mon-Fri) |
| | <input type="checkbox"/> Weekends | <input type="checkbox"/> Once A Week | <input type="checkbox"/> More Than Once A Week |
| | <input type="checkbox"/> One Time Only | <input type="checkbox"/> As Needed | <input type="checkbox"/> OTHER |

I Could Serve More Than One Person: Yes No

How many hours a week could you work? _____

In which part of our school program would you prefer to volunteer?

Number in order of preference:

School Garden ___ After-School Program ___ Field-trip transportation ___ Building Maintenance ___
Morning Arrival ___ Fund Raising ___ Teaching a special class ___ Teacher's Aide ___
Student Market ___

SECTION IV

Do You Have A Valid (State) Driver's License? Yes No

License Number: _____ Vehicle License Plate Number _____

Insurance Company: _____ Policy #: _____

Have You Ever Been Convicted For Violation Of Any Laws, Traffic Or Otherwise? Yes No

If Yes, Please Explain: _____

Do You Have Any Physical Condition that May Limit Your Activities? Yes No

If Yes, Describe: _____

Who To Notify In Case Of An Emergency? _____

Telephone Number: _____

SECTION V [References]

Please list three persons we may call who are NOT family, one of whom may be your religious or spiritual leader, teacher, employer or relationship other than personal friend.

Name _____ Phone _____

Address _____

Relationship _____

Name _____ Phone _____

Address _____

Relationship _____

Name _____ Phone _____

Address _____

Relationship _____

Comments:

I hereby give my consent to contact my references; to contact my employers, past and present; and to conduct a background check. I understand that my being selected to fill any role may be changed or terminated at any time by FCNS.

Signature Of Applicant

Date

Full Circle Education Center does not discriminate based on race, gender, age, sexual orientation, gender identity or religion.

For FCNS USE

<i>Date Form Received</i>		<i>Payment per hour rate</i>	
<i>Background check completed</i>		<i>Volunteer / batter training completed (date)</i>	
<i>Added to Volunteer email List</i>		<i>Training Modules Needed (Y or N)</i>	