

Volunteer Application

Today's Date ____/____/____ (mm/dd/yy)

Name _____

Address _____

City _____ State _____ Zip _____

Phone _____ Email _____

Date of Birth: _____

Have you ever been convicted of a felony? _____ If yes, explain: _____

Emergency Contact

Name _____ Phone _____

References

1. Name _____ Phone _____

2. Name _____ Phone _____

I understand that as a volunteer I am required to do the assigned tasks that come with the position I have volunteered for. I understand that by volunteering at ExercisAbilities I am required to follow their policies and procedures and act in such a manner that represents the mission and values of improving the health and wellness of persons of all ages with physical and medical chronic diversities through exercise.

Applicant's signature

Date

Parent's or guardian's signature
(for applicant's under the age of 18)

Date