



Volunteer Application

General Information

Last Name		First		Middle Initial	
Street Address			City		State Zip Code
Home Phone () ()		Work Phone () ()		Cell (Other) Phone () ()	
Social Security #		Date of Birth		I give permission for The Ultimate Gift to use my photo for publicity purposes. Initial here:	
Email Address:					
Date Available					
Have you previously used any other names besides what is provided above? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, please specify below:					
Are you over 18 years old? <input type="checkbox"/> No <input type="checkbox"/> Yes Please provide a valid Driver's License # _____ NM? _____					
How did you learn of <i>The Ultimate Gift of Life</i> ? Please share your reason for wanting to be a volunteer.					

Skills

List any teaching experience or presentation skills that you have.					
List any organizational or administrative skills that you have.					
List any marketing and communication experience that you have:					
Second Languages (including Sign Language):			Fluency		
Language			Written		Spoken
			<input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor		<input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor
			<input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor		<input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor
Please list any other skills relevant to volunteering for The Ultimate Gift of Life:					

Volunteer & Job Experience

Do you have any volunteer experience to share? <input type="checkbox"/> No <input type="checkbox"/> Yes	
If yes, please list the organization, location, position and dates below:	
Please list additional job or life experience that you have, that will benefit the mission of The Ultimate Gift of Life.	

I hereby certify that the facts set forth in this volunteer application are true and complete to the best of my knowledge. I understand that false statements of any kind or omission of facts called for on this application are a basis for not being a volunteer for *The Ultimate Gift of Life*, regardless when they are discovered. I understand that serving as a volunteer is for an indefinite duration, unless otherwise specified in writing.

I further understand that one of the conditions of becoming a volunteer for *The Ultimate Gift of Life* is successful completion of a background check which will be completed once this application is received.

Signature of Applicant: _____ Date: _____