

# Volunteer Application Form 2019

Name (Last, First, Middle)



## FOUNDATION FOR ACADEMIC ENDEAVORS

Name \_\_\_\_\_ ☐ M ☐ F Date of Birth \_\_\_\_\_  
Last First Middle

Address \_\_\_\_\_

\_\_\_\_\_  
City State Zip Code

Home Phone (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Cell Phone (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Email \_\_\_\_\_

Do you have a T-shirt from last year? ☐ Yes ☐ No

If not, please choose your size and indicate if it is a men's size or a women's size.

XS S M L XL XXL XXXL ☐ Men ☐ Women

**Volunteer Positions** (Choose as many as you like)

- ☐ Classroom Aide ☐ Cafeteria Helper  
☐ Assessment Team ☐ Field Trip

**Hours** 7:30 am to 1:15 pm

**Dates Available** (Choose as many as you like)

- ☐ Week 1 (July 8 - 11) ☐ July 17 Field Trip to Washington Park Anacortes  
☐ Week 2 (July 15 - 18)  
☐ Week 3 (July 22 - 25)  
☐ Week 4 (July 29 - Aug 1)  
☐ Week 5 (Aug 5 - 8) ☐ Aug 8 Field Trip to Skagit Valley County Fair

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### ACKNOWLEDGMENT, RELEASE AND SIGNATURE

#### Foundation for Academic Endeavors (FAE)

To the best of my knowledge, the information contained in this application is complete and accurate. I understand that providing false information is grounds for not hiring me or choosing me for a volunteer position or for my discharge if I have already been hired or chosen. I authorize any person or organization, whether or not identified in this application, to provide any information concerning my previous employment, education, credit history, driving record, criminal conviction record, sexual offender registry or other qualifications for my employment or volunteering.

I also authorize FAE to request and receive such information.

If chosen, I agree to be bound by FAE policies and procedures. I understand that these may be changed, withdrawn, added to or interpreted at any time at the sole discretion of FAE and without prior notice to me.

I also understand that my volunteering may be terminated, or any offer or acceptance of volunteering withdrawn, at any time, with or without cause, and with or without prior notice at the option of FAE or myself.

Nothing contained in this application or in any pre-volunteering communication is intended to or creates a contract between myself and FAE for volunteering or the providing of any benefit.

☐ I understand that I am required to attend an Orientation and a child safety class

☐ I understand that F.A.E. conducts background checks on all volunteers

### TERMS OF ACCEPTANCE and SIGNATURE

I, the applicant for this Volunteer Application, warrant the truthfulness of the information provided on this application.

#### Electronic Signature \*

\_\_\_\_\_  
Please type your First Middle and Last Name

\_\_\_\_\_  
Date

☐ I understand that checking this box constitutes a legal signature confirming that I acknowledge and agree to the above Terms of Acceptance.

\_\_\_\_\_  
Date Approved

\_\_\_\_\_  
Approved By



# FOUNDATION FOR ACADEMIC ENDEAVORS

FAE seeks to match our skilled and diverse volunteers and staff with appropriate opportunities. Please take a moment to tell us about yourself so we can better understand your experiences, skills and interests.

**Previous or Current Volunteer Experience**

**Employment/Training Background**

**Highest Level of Education**\_\_\_\_\_

**List any Additional Qualifications or Skills that you'd like to Share**

**References**

Please give the names, e-mail and phone contact information of two people who are not related to you who can tell us about you.

Name:	Name:
Email:	Email:
Phone:	Phone: