



The Friends of St. Andrew Bay & BEST, Inc. Volunteer Application

Contact Information

Name _____
Street Address _____
City ST ZIP Code _____
Home Phone _____ Work Phone _____
E-Mail Address _____

Educational Background

Current Student Current Grade Level: _____
 Some High School Grade Level Achieved: _____
 High School Graduate
 Technical School Certificate(s) Earned: _____
 Some College/University Field of Study: _____
 College/University Graduate Degree(s) Earned: _____
 Post-Graduate Studies: Degree(s) Earned: _____

Safety and Safety Training

Are you certified in any of following safety programs? If not, would you be interested in taking training in any of these safety skills?

CPR, I have current certification I am willing to take CPR training
 Red Cross First Aid , I have current certification I am willing to take Red Cross First Aid training
 Motor Boat Training I am willing to take motor boat training

Swimming Skills:

Excellent Swimmer Fair Swimmer Poor /Do not Swim

Licenses

Do you have a valid driver's license? Yes No

Do you have any special licenses, such as commercial, chauffeur, or captain's licenses? If so, please list them here: _____

Vital Statistics

Date of Birth: ____ / ____ / ____ Gender: Male Female

If you have any health issues or special needs that we should be aware of, please list them here:

Persons to Notify in Case of Emergency

Primary Contact

Name: _____

Phone(s): _____

Relationship _____

Street Address _____

City State Zip _____

Secondary Contact

Name: _____

Phone(s): _____

Relationship _____

Street Address _____

City State Zip _____

Our Policy

It is the policy of the Friends of St. Andrew Bay and BEST, Inc. to provide equal opportunities without regard to race, color, religion, national origin, gender, sexual preference, age, or disability.

Interests

What are you **most** interested and **least** interested in doing as a volunteer? Please include all of your interests:

Background Check

Have you ever been convicted, pleaded "nolo contendere", or had adjudication withheld for any crime or offense other than a minor traffic violation? Yes No

If so, what was it? _____

Signature Section

I certify that the Information contained in this application is true and accurate to the best of my knowledge.

Name (printed) _____

Signature: _____

Date: _____

Parent or Guardian Signature: _____

Date _____

(If you are under 18)

Relationship to Applicant _____