



GIRLS ON THE RUN / GIRLS ON TRACK

**VOLUNTEER APPLICATION
FALL 2012**



Personal Information:

First Name: _____ **Last Name:** _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Contact Phone: _____ **Email:** _____

Employer: _____ **Phone:** _____

Occupation: _____ **Supervisor:** _____

T-Shirt Size: _____ **Date of Birth:** ____/____/____

Do you have regular access to a car? _____ **Yes** _____ **No**

**Check Type of Volunteer Work in which you would like to participate:
(check all that apply)**

- | | | |
|---|--|--|
| <input type="checkbox"/> Coach | <input type="checkbox"/> 5K Race Committee | <input type="checkbox"/> Running Buddy |
| <input type="checkbox"/> Substitute Coach | <input type="checkbox"/> 5K Race Day Volunteer | <input type="checkbox"/> Public Relations/ Recruiter |

OTHER: _____

Are their particular days of the week & time of day that are best for you?

What attracted you to our program? _____

Please list two individuals (not related to you) who can serve as references for you and your character.

1. Name: _____ Contact Phone: _____

2. Name: _____ Contact Phone: _____

Background Information:

Have you had experience working with children in any capacity? Please describe: _____

Please briefly describe your education background.

Does your company support time off to volunteer?

Not applicable **Yes, describe:** _____

Additional Comments: _____

Volunteer Contract

- I am drug and tobacco free and I do not consume excessive amounts of alcohol.
- I do not have an eating disorder and if I have suffered from an eating disorder in the past, I completed treatment at least one year prior to today's date.
- I have never been arrested for charges of child abuse, assault, child neglect, or sexual misconduct. I allow Girls on the Run to perform a background screen.
- I have never had a substantiated Child Protective Service finding.
- I can perform my coaching duties without discrimination in any way on the basis of race, color, national origin, disability, religion, sexual orientation, familial or economic status.
- Yes, I will attend a four-hour GOTR training.
- Yes, I will obtain First Aid / CPR certification.

By checking the "I agree" box, I solemnly swear to the statements above.

I agree.

Signature

Date