



## Volunteer Information Sheet

Today's Date: \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Address: \_\_\_\_\_  
Street, City, State, Zip

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

**Realizing that this is a business of children, I understand that by signing this application, I am specifically authorizing Jump Start Gymnastics to perform various background checks, including but not limited to, reviewing my complete criminal history.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

School Name & Location	Course of Study	# of Years Completed	Did you graduate?

Availability to Volunteer:

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Start Time							
End Time							

Are you now, or have you ever been: CPR Certified \_\_\_\_\_ First Aid Certified \_\_\_\_\_  
*(If so, please list the approximate date of certification.)*

What characteristics do you have that would make you a valuable volunteer? \_\_\_\_\_

\_\_\_\_\_

Do you have any experience working with or around children? Please explain. \_\_\_\_\_

\_\_\_\_\_

References

Name	Phone Number	Business	Years Acquainted

Are you volunteering to fulfill a required amount of service hours? \_\_\_\_\_

If yes, who is your contact for your group? \_\_\_\_\_