



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? _____