HAILEY BANKHEAD FOUNDATION VOLUNTEER APPLICATION



Applications can be submitted via:

-Email to Angela Washington at: haileybankheadvolunteers@gmail.com First name: _____ over the age of 18 Birthday (mm/dd): _____ Are you: under the age of 18 Education: _____ Current profession: _____ Emergency information: Name: Relationship: Phone: Name: Relationship: Phone: _____ Previous volunteer experience: How did you hear about us? Why did you decide to volunteer with us? What do you think makes you a good fit for volunteering with us? What positions are you interested in? _____ Your availability: _____ Have you ever worked or volunteered for our organization? No Yes If yes, when: ______ Have you ever been convicted of a felony? No Yes If yes, explain: Have you ever been convicted of a crime involving children? No Yes If yes, explain: ______

Do you have any medical conditions that may limit the type of tasks you can perform?

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References:				
Name: Rel	ationship:	Phone:		
Name: Rel	ationship:	Phone:		
The Hailey Bankhead Foundation would like to thank you for your expressed interest in helping our organization fight childhood cancer. We look forward to working with you and hope this will be a great experience for you!				
Disclaimer				
The Hailey Bankhead Foundation makes every endeavour to provide a safe and secure working environment for all volunteers. We will not ask any volunteer to perform tasks beyond their level of competency, or without appropriate training and supervision. However, every volunteer must take care for their own safety and well-being and the safety and well-being of others in their work environment. Volunteers should not undertake tasks for which they do not feel capable. Nor should they do work or work in situations at the Hailey Bankhead Foundation where they do not believe their own safety is assured. Volunteers must act in a reasonable and safety-conscious manner at all times.				
I certify that the answers given by me to all questions on this application and any attachments are, to the best of my knowledge and belief, are true and correct and that I have not knowingly withheld any pertinent facts or circumstances. I understand that any omission or misrepresentation of fact in this application may result in refusal of or separation from volunteer service upon discovery thereof.				
I hereby consent to permit The Hailey Bankhead Foundation to contact anyone it deems appropriate to investigate or verify any information provided by me to discuss my suitability for a volunteer position, including my background, volunteer experience, education or related matters. I expressly give my consent to any discussions regarding the foregoing and I voluntarily and knowingly waive all rights to bring an action for defamation, invasion of privacy, or similar cause of action, against anyone providing such information.				
I hereby authorize any organization affiliated with The Hailey Bankhead Foundation to investigate my background as necessary for the consideration of my application for the position of volunteer.				
I further authorize all persons, schools, companies, organizations, credit bureaus and law enforcement agencies to supply all information concerning my background and to furnish reports thereof. I hereby release them and any organization affiliated with The Hailey Bankhead Foundation from any and all liability and responsibility arising from their doing so.				
Candidate signature:		Date:		
If under the age of 18, parent/guardian name:	Pł	none:		
Parent/Guardian Signature:				
Office use only:				
Reviewed by:	Approved by:			

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Denial justification:		