



## VOLUNTEER APPLICATION

*This application is to be completed by all those wishing to serve with the Full Circle Foundation in any capacity. It is being used to help Full Circle provide a safe and secure environment for everyone who participates in our programs.*

Name: \_\_\_\_\_ Date: \_\_\_\_\_  
(First) (Last)

Address: \_\_\_\_\_  
(Street) (City) (State) (Zip)

Phone: \_\_\_\_\_  
(Home) (Cell) (Work)

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

Emergency Contact: \_\_\_\_\_  
(Name) (Phone)

What has been your previous contact or involvement with Full Circle? Please be specific:

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In what program(s) do you wish to be involved?

Upscale Resale Shop       Culinary Arts Program  
 Edible Garden             Classrooms  
 eBay Sales                  Other \_\_\_\_\_

Do you have any medical training or are you CPR certified? \_\_\_\_\_ Explain:

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Why would you like to be a volunteer? \_\_\_\_\_

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List 3 personal references. They must be over 18 and not related to you:

Name	Relationship	Phone Number

Driver's License # \_\_\_\_\_

Expiration Date \_\_\_\_\_

*The questions listed below are a part of our interview process in order to help provide a safe and secure environment at Full Circle. All information is held strictly confidential by the Full Circle Foundation staff. Answering yes to any of the questions may not necessarily preclude your involvement with us. Thank you for understanding.*

Have you ever been arrested for a criminal offense excluding minor traffic violations? Y/N

Have you ever been imprisoned? Y/N

Have you ever been accused or convicted of sexual or physical abuse? Y/N

If you answered yes to any of the above questions, please explain (*Attach a sheet to this application if necessary*):

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**I understand that by serving as a volunteer, I am not entitled to nor am I going to receive any type of monetary compensation for my work. I release the Full Circle Foundation from any and all liability in the course of my volunteerism except in cases of gross negligence or intentional misconduct.**

**The information contained in this application is correct to the best of my knowledge. I authorize any references, which are listed in this application to give you any information they may have regarding my character and fitness for working with this organization. I also authorize the Full Circle Foundation to conduct a background check with the necessary authorities to verify my fitness to serve.**

**I authorize the Full Circle Foundation to make audio and/or video recordings of the program activities, and I give permission for the Full Circle Foundation to record my picture and voice on photographs, films, and tapes, without payment, and to incorporate these recordings into public relations and advertising materials and to use in any manner of media whatsoever.**

**I understand that the personal information in this application will be held confidential by the Full Circle Foundation staff.**

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

If a Minor,  
Parent or Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_