



Volunteer Application

Mr. Mrs. Ms. Miss Name: _____ Date: _____

Address: _____ City: _____ State: ____ Zip: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Email: _____ May we call you at work? Yes No

1) Current employer/responsibilities: _____

2) Previous employment experience: _____

3) Golf skill and experience: _____

4) Other special skills, training, and hobbies: _____

5) Community affiliations (clubs, churches, service organizations, etc.): _____

6) Previous volunteer experience with children or youth: _____

7) Can you make a commitment to Summit Golf Foundation for at least one year? Yes No

If no, please explain: _____

8) What areas would you like to help?

Golf Instruction Fundraising Administrative Marketing Mentor

9) When are you available to volunteer? (Please put the time frame you are available next to each day.)

Monday _____ Tuesday _____ Wednesday _____ Thursday _____ Friday _____ Saturday _____

10) Why do you want to serve as a volunteer for Summit Golf Foundation? _____

11) Are you willing to participate in Summit Golf Foundation training programs? Yes No

12) Have you ever been convicted for any crime, including sex-related or child-abuse related offenses? If so, please explain (use additional page if necessary). _____

Please list three professional and/or personal references (not including relatives) with phone numbers below. References will remain confidential.

1) Name: _____ Relationship: _____ Phone: _____

2) Name: _____ Relationship: _____ Phone: _____

3) Name: _____ Relationship: _____ Phone: _____

I hereby authorize any organization affiliated with Summit Golf Foundation to investigate my background as necessary for the consideration of my application.

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 thereon and I hereby release them and any organization affiliated with Summit Golf Foundation from any and all liability and responsibility arising from their doing so.

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, 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.

Applicant's Signature: _____ Date: _____

**Summit Golf Foundation
Criminal History Record Check Consent Form**

I, _____ (applicant's name), hereby authorize Summit Golf Foundation to obtain information pertaining to any charges and/or convictions I may have had for violation of municipal, county, state or federal laws. This information will include, but not be limited to, allegations regarding and convictions for crimes committed upon minors and will be gathered from any law enforcement agency of this state or any state or federal government, or from third-party providers of information originally obtained from law enforcement or court records.

I understand that I will be given an opportunity to challenge the accuracy of any information received that appears to implicate me in criminal activities. To facilitate this challenge, I will be told the nature of the information and the agency from which it was obtained. It will be my responsibility to contact that agency. I further understand that until Summit Golf Foundation receives notification from that agency clearing me, my application will be deferred.

As an applicant for a staff position, I hereby attest to the truthfulness of the representations I have made. Except as I have disclosed, I have not been found guilty of, or entered a plea of nolo contendere or guilty to any offense similar to those listed on the application. Further, other than for the offenses I have disclosed, I have not had a finding of delinquency or entered a plea of nolo contendere or guilty to a petition of delinquency under the juvenile laws of this state or of any other state for any acts similar in nature to those listed on the application. I also certified that there are no changes pending against me.

I further attest that I have not been judicially determined to have committed abuse or neglect of a child; nor do I have a confirmed report of child abuse or neglect or exploitation which has been uncontested or upheld administratively under the laws of this or any other state.

I understand that I must be truthful and, if any statement I have made is found to be false, I will be denied the position for which I am applying; or, if already accepted, terminated from Summit Golf staff.

(Signature of the Applicant) (Date)

Full Name of the Applicant: _____

D.O.B.: _____ Soc. Sec. No.: _____

For Summit Golf Foundation Office Use

Personally known by _____. If not personally known by the person accepting this form on behalf of Summit Golf Foundation, the ID must be checked.

ID verified by _____ Date: _____

