

ARTHUR J. TURNER JR. SCHOLARSHIP FOUNDATION VOLUNTEER APPLICATION FORM

Volunteer Contact Information:

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Email Address: _____ Birth Date: _____ Age: _____

Please answer the following questions:

How did you learn about volunteer opportunities with AJTJSF? _____

Are you volunteering to fulfill community service or volunteer requirements? YES: _____ NO: _____

If YES, name of organization or court system: _____

Do you have any physical or mental condition(s) that should be considered in arranging volunteer assignments? YES: _____ NO: _____

If YES, please list: _____

Have you ever been charged with or convicted for a violation of a federal, state, or county law?
YES: _____ NO: _____

If YES, please explain: _____

List any special skills, background, or training (anything you do well) for consideration: _____

I am willing to volunteer for the:

_____ **5K Run/Walk**

Set Up, Break Down, Registration, Water and Fruit Servers, Breakfast Preparation, Greeters/Servers, Script Sign Up, T- Shirt Sales, Mailing List and Volunteer Drive, Photographer, Sponsor Drive,

_____ **Spelling Bee Competitions**

Set Up, Break Down, Food Preparation, Greeters/Servers, Registration, Gift Bags, Packets, Judging, Time Keeper, Arbitrator, Pronouncer, Moderator, Photographer

_____ **Essay Writing Contest**

Registration, Submission Review, Judge

Other Volunteer Areas Are:

_____ Committee Members
_____ Educational Programs
_____ Marketing
_____ Maintenance Repair

_____ Teachers
_____ Graphics
_____ Web Design
_____ Equipment Operations

_____ Tutoring
_____ Fundraising
_____ Administration
_____ Other

I am available to volunteer _____ hours per week OR _____ hours per month. My preference is:
_____ Friday (6pm-8pm)
_____ Saturday (3pm-5pm)
_____ OTHER _____

For additional volunteer information or question, please contact:

AJTJSF Volunteer Recruitment
P. O. BOX 814 Bear, DE 19701
ajtjscholarship@gmail.com
302-376-1704

EMERGENCY CONTACT INFORMATION:

Name: _____ Relationship: _____
Contact's Home Phone: _____ Cell Phone: _____
Physician: _____ Office Phone: _____
Hospital Preference: _____

UNDERAGE VOLUNTEERS:

If under 18 years of age, please provide the following:

Name of parent or guardian: _____
Parent/Guardian home phone: _____ Cell Phone: _____
Parent/Guardian Authorization _____

In the event of an accident or emergency, I give AJTJSF full permission to authorize medical treatment. If I have any particular medical condition(s) or drug allergies that should be considered in the case of a medical event or emergency, I will list these below. If I am under 18 years of age, I understand that a parent or guardian must also sign this Medical Authorization.

The AJTJSF Volunteer Disclaimer:

Please read and sign below to agree to the terms:

As a registered volunteer for the AJTJSF and for all volunteer related events and activities, you do hereby discharge the AJTJSF, the event site, their management, officers, board members, employees, sponsors, volunteers, representatives and their successors, and all cooperation businesses and organizations, from all claims of damages, demands, actions and causes whatsoever in any manner arising from or growing out of your participation in a AJTJSF activity, event or fundraiser.

As a volunteer, you agree to indemnify and hold the AJTJSF harmless for all fines, penalties, fees and expenses incurred as a result of or related to any breach of contractual obligation to the participant.

By completing and submitting this form to the AJTJSF, you understand and agree to the following:

I will conduct all volunteer activities with high standards, professionalism, and honesty, and will do nothing to cause detriment to the reputation or goodwill of the AJTJSF.

Any contributions to the AJTJSF, that I receive ("Individual Contributions") and any contributions and or

donation that I make will align with the (Conflict of Interest Statement of AJTJSF) be given or submitted to AJTJSF (officer) at the time of event or mailed within (7) business days, following the conclusion of any event and or activity. All contributions will be paid in United States dollars; checks or money orders will be made payable to "AJTJSF" and sent to:

AJTJSF, P.O. Box 814 Bear, Delaware 19701 - Attention: Volunteer and Community Partnership.

I will not represent that the AJTJSF is a producer, co producer, sponsor, or presenter of the activity.

If the AJTJSF determines, in its sole discretion, that the Fundraiser or related activities could injure the goodwill or reputation of AJTJSF, AJTJSF may terminate this activity immediately. Upon the expiration or sooner termination of Fundraiser, I shall discontinue using the AJTJSF name and logo and all materials that reference the Fundraiser.

I declare the information provided by me in this Application is true, correct and complete, and intend to be legally bound by its terms.

By clicking "I agree" below, you declare that you have read, understand, and agree to the terms of this agreement.

Agree **Disagree**