

MOM FOUNDATION INC.



“MIRROR OF MOTHERS”

“Encouraging & reaching out to Mothers (69 years and older) within the Community”

Volunteer Application

PLEASE PRINT THE FOLLOWING INFORMATION:

Name: _____ Age: _____

Address: _____ Gender: _____

City _____ State: _____ Zip: _____

Phone (Day) _____ (Evening) _____ In Transit Pager/Cell _____

Employer: _____

Emergency Contact: _____

PLEASE PLACE A CHECK BY THE ITEM IN WHICH YOU HAVE INTEREST AND THEN SELECT THE POSITION THAT YOU ARE SKILLED IN:

Performing Arts Program

Dance
Singing
Musical Instrument

Drama
Poetry Reading
Comedy

Other Positions

Program Director
Program Coordinator
Makeup Artist
Venue Coordinator

Stage Coordin.
Costume Coordin.
Other _____

Program Positions

Choreographer
Choreographer Assistant
Vocal Instructor
Vocal Assistant
Musician
Musician Assistant
Drama Instructor
Drama Assistant
Poetry Reader Instructor
Poetry Reader Assistant

PLEASE INDICATE THE TIME YOU ARE AVAILABLE TO PARTICIPATE IN THE PROGRAM THAT YOU HAVE SELECTED ABOVE:

Day _____ Time _____

Friday _____ : _____

Saturday _____ : _____

Continuation:

PERFORMING ARTS PROGRAM

Give a brief description of your experience in the selected program area you have chosen.

Title: _____ How Long? _____

OTHER MOMF PROGRAMS: Place a check by the program (s) that you are interested in. Please use a separate sheet of paper to give a brief description of your experience.

Educational Enhancement Program ____ Science/Technology Program ____
Health/Fitness Awareness Program ____ Athletics Program ____

REFERENCES: List three people that are not related to you and know your qualifications/ability in the area you are volunteering. (Only required if you are volunteering under a professional status)

Full Name	Phone No.	Present Bus/Home Address	State	Zip Code
1. _____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____

GENERAL BACKGROUND:

1. Have you ever committed a felony? (Y / N)
2. Have you ever been convicted of a felony? (Y / N)
3. Have you ever been incarcerated? (Y / N)

If you answered yes to any of the questions above please explain:

OTHER REQUIRED DOCUMENT(s): One copy of your driver's licenses is required.

Read the following information carefully before you sign.

- **Policy Information:** All volunteers are subject to a background check. MOMF will not be held liable for any misconduct and/or unlawful act. MOMF volunteers will be held accountable for any unlawful act and will be subject to legal action according to the laws governed by the state of Georgia.

- **I understand** that any information I give may be investigated as allowed by law.
- **I certify** that, to the best of my knowledge and belief, all of my statements are true, correct, complete, and made in good faith.

Signature: _____ **Date:** _____