



Date: _____

Volunteer Application

Please be sure to write legibly in blue or black ink ONLY

First

Last

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SSN (optional): _____ - _____ - _____

DOB: _____

Contact: () _____ - _____

Email: _____

Address | City | State | Zip code

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Female ☐ Male ☐

Have you worked for a non-profit before? Yes ☐ No ☐

If yes, where? _____

Volunteer/Work History:

Physical Limitations: Yes ☐ No ☐

If yes, please explain. _____

How did you hear about Tragic is Magic Scholarship Fund? _____

Please provide one reference: (Not related)

Name

Relationship

Skills: (List your skills and indicate proficiency level)

☐ Skilled ☐ Can Teach ☐ Amateur

☐

☐

☐

Languages: *List all that apply*

Volunteer availability: *Check all that apply*

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Morning							
Afternoon							
Evening							

Day:

Time:

Please check all that apply: (Interests)

Administration ☐

Community Initiatives ☐

Project Management ☐

Fundraisers ☐ Corresponding Secretary ☐

Social Media ☐

In an emergency, notify:

First Name _____ Last Name _____

Relationship _____ Contact _____

Your participation as a volunteer for the Tragic is Magic Scholarship fund is greatly appreciated. Without your support it would be very difficult for the organization to provide an experience for our youth. As a volunteer you may be asked to assist in a variety of activities depending on your interests provided above. The purpose of this document is to advise you that the activities you may be responsible for has a huge impact on our youth overall. Tragic is Magic Scholarship fund has taken every reasonable precaution to provide a safe environment for you and other members of the organization. We look forward to your commitment to serve and give back to the community.

I have read and understand its purpose, and consent to be a volunteer.

(Signature) _____

Date _____

Please scan and email all documents to: elexushunter@tragicismagic.com