



New Volunteer Application

☐ items to be completed by designated Coach/Mentor

☐ items to be completed by prospective Volunteer

THIS FORM TO BE RETAINED BY DESIGNATED COACH OR MENTOR.

Team Name: _____ Team Number: _____ FIRST Program: _____

| Name, Home Address, and Contact Information of Prospective Volunteer | Team Role | Date of FIRSTYPC | Date of Photo ID inspection | Signature of designated Coach/Mentor | Alternative (non-FIRST) Training and Screening Verified |
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How long at this address? _____ If less than 5 years, provide previous address. _____

Is your child a member of the team? ☐ Y ☐ N

Why do you want to work with a FIRST team? _____

Have you worked with children in the age range of this team before? ☐ Y ☐ N

Have you ever been excluded from working with children by any organization? ☐ Y ☐ N

Have you ever been arrested for other than a traffic violation? ☐ Y ☐ N

If yes, provide details and dates: _____

Signature of Prospective Volunteer _____ Date _____