

# Volunteer Sign-up Form

## IAR Social & Welfare Committee

Please complete this form if you are interested in becoming a volunteer for the IAR Social and Welfare committee

Last Name\*: Pierce First Name\*: Wade

Gender\*: ☒ Male ☐ Female

Date of Birth\*\* 20 September 1988

*If under 18 years of age parental agreement is required (signature below). **Lower age limit to volunteer is 15 years or in High School if under 15 years.***

Education: BA in Psychology

Languages Spoken\*: ☒ English ☐ Arabic ☐ Urdu ☐ Other \_\_\_\_\_

Address\*: Street 13h Street Apt 11  
City New York ZIP 10001

Home Phone\*: +1 212-998-1212 Cell Phone: (555) 555-1234 Work Phone: \_\_\_\_\_

Email Address\*: wade.pierce@gmail.com

Availability\*: I wish to volunteer for up to 4 hrs per ☒ week ☐ month  
Days & Time: Wednesday, 12:00 PM to 16:00 PM

Do you own a ☐ Van ☐ Truck ☒ Car ☐ No, I do not own a vehicle

If you own any of the above, are you willing to use it occasionally for transporting people or goods? ☐ Yes ☐ No

Driver's License Number: ASD4567890 State: New York

Past Volunteer Experience: N/A

References\*: 1. Reference #1 Phone# Phone #1  
2. Reference #2 Phone# Phone #2

**Note:** The IAR Social & Welfare Committee (SW-C) reserves the right to perform a Background Check on volunteers at the time of application or any time while the volunteer continues to serve on the SW-C

**Waiver:** I have read and understand the Volunteer Guidelines and Safety Rules, and I accept full responsibility for my participation in this program and understand that IAR, or IAR SW-C, or any IAR worker, volunteer or associate does not bear any responsibility or liability for any injuries that may result while carrying out assignments at IAR premises, or at locations where the volunteer work is being performed.

Signature: Wade Pierce Date: 02-26-2024

### \* Required Fields

**\*\* Parental Agreement required if candidate is less than 18 years of age (lower age limit to volunteer is 15 years or attending High School)**

I have read and understand this application, the Volunteer Guidelines & Safety Rules, and the Waiver, and am in agreement; and I give my child permission to be a volunteer at IAR.

Parent Signature \_\_\_\_\_ Date: \_\_\_\_\_

Parent's Name (Print) \_\_\_\_\_

Address: \_\_\_\_\_

*For Office Use only*

Approved \_\_\_\_\_ Approve by (Name) \_\_\_\_\_ Date \_\_\_\_\_

Initiation Interview Conducted by: \_\_\_\_\_ Date: \_\_\_\_\_

Volunteer Start Date \_\_\_\_\_