



New Volunteer Application

Please return to: **6 E. Chestnut, Suite 6, Asheville, NC 28801** |
fax: 828.251.0592 phone: 828.713.4290

Thank you for your interest in volunteering with Girls on the Run! Please fill out the following information so that we can learn a bit about you and match your skills and interests with activities that you will enjoy!

NAME _____ DATE _____

HOME ADDRESS _____

CITY _____ STATE _____ ZIP _____

HM PHONE _____ CELL PHONE _____

EMAIL _____

EMPLOYER _____ BUSINESS PHONE _____

POSITION _____

Volunteer Interests

_____ COACHING

_____ TEAM TIARA

_____ RUNNING BUDDY

_____ PROGRAMMING SUPPORT (Organizing Programming Materials and developing policy)

_____ RACE DAY SUPPORT

_____ DEVELOPMENT (Special Events/Fundraising)

_____ OUTREACH/MARKETING

_____ 5K RUN ORGANIZING

_____ OTHER VOLUNTEER NEEDS

Days of the week and times available: _____

What skills do you have to offer? _____

How did you hear about Girls on the Run, and what attracted you to the program?

What do you hope to gain from volunteering with Girls on the Run?

Have you worked with youth? If so, please describe your experiences and ages you have worked with.

Please describe any other skills or experience pertaining to the volunteer activities you would like to join.

Please list your current and/or past volunteer experience:

Policies and Waivers

Only volunteers signing up to be a Running Buddy, Coach, or other program volunteer working with girls need to complete this section.

Thank you for helping us to keep Girls on the Run a safe, positive and fun environment for our young participants and volunteers by completing this page and returning it via mail, fax, or scanned e-mail attachment.

REQUEST FOR CRIMINAL HISTORY INFORMATION CHILD/ADULT ABUSE INFORMATION ACT

For the safety of our program participants, Girls on the Run of Western North Carolina will be conducting background checks through North Carolina State Patrol on all volunteers that will be working with girls. Please complete the additional information below:

Have you ever been charged with or convicted of a crime related to children involving violence? Yes No

DATE OF BIRTH: _____ SEX: Female RACE: _____

SSN:* _____ DRIVER'S LIC. NUMBER _____ STATE: _____

I give Girls on the Run of Western North Carolina permission to conduct a criminal history background check with NC State Patrol.

Any applicant found to have been convicted of, or having charges pending for, a felony or misdemeanor involving sex offense, child abuse or neglect, or related acts that would pose risks to children or Girls on the Run of WNC credibility will not be accepted as a volunteer.

Applicant's signature

Date

Applicant's printed name

*Your social security number is necessary to complete the background check. Your SSN will be kept confidential and blacked out on this form upon completion of the background check. You may also call us with your SSN at 828-713-4290 if you don't wish to write it here. Thanks!