

The Masters Program  
Volunteer Application/Acknowledgement Form

Name: \_\_\_\_\_

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

Phone: Cell \_\_\_\_\_ Work \_\_\_\_\_

Home \_\_\_\_\_ Fax \_\_\_\_\_

Email address: \_\_\_\_\_

DOB: \_\_\_\_\_ SSN: \_\_\_\_\_

Emergency Contact Information:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Occupation: \_\_\_\_\_

Please indicate why you would like to be a volunteer for The MASTERS Program:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

How much time can you commit to The MASTERS Program activities and programs:

\_\_\_\_\_

Please indicate your areas of expertise and special skills:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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**I understand that I** (please initial all):

\_\_\_\_\_ Must have a criminal background check prior to beginning volunteer duties.

\_\_\_\_\_ Must have a background check every 3 years.

\_\_\_\_\_ Will adhere to the Volunteer Agreement and Pledge, TMP rules and policies or other regulations applicable to me.

\_\_\_\_\_ Will be financially responsible for accidents or injuries I may sustain during my volunteer services.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

**Please attach a copy of your resume, or education /work/volunteer summary. Thank you for considering service to The MASTERS Program.**