



VOLUNTEER REGISTRATION FORM

Please print or type.

PERSONAL INFORMATION

Name: _____ Title: Mr. Mrs. Ms.

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____

Fax: _____ E-Mail: _____

May we contact you at work? Yes No

Please list any other names by which you have been known: _____

Date of Birth: ____/____/____ Birthplace (City/State): _____

Social Security Number: _____

Do you drive? Yes No

Driver's License Number: _____ Issuing State: _____

Do you have transportation? Yes No

Prior to this date, have you ever submitted an employment application or application to perform volunteer work to MNF? Yes No

Why do you wish to volunteer for MNF? _____

SPOUSE INFORMATION

Spouse Name: _____ Date of Birth: ____/____/____

Spouse Employer: _____ Position: _____

EMERGENCY CONTACT INFORMATION

In case of an emergency while volunteering for the Morgan Nick Foundation (MNF), please list someone whom we may call on your behalf:

Name: _____ **Relation:** _____
Daytime Phone: _____ **Evening Phone:** _____

MNF honors The Volunteers for Children Act, which was signed by President Clinton on October 26, 1998. This act allows any youth-serving volunteer agency to complete a criminal history background check through the Federal Bureau of Investigation (FBI) National Crime Information Center (NCIC) basically at cost. Much of the work of MNF involves activities that are confidential. A breach of trust between MNF and its clients could adversely affect the successful recovery of a child. Thus, MNF requires a background check be completed for all volunteer applicants.

CURRENT EMPLOYMENT OR VOLUNTEER POSITION

Please list all current employers, dates of employment, position(s) held, description of work performed, name(s) of supervisors, firm's complete address, and applicable telephone numbers.

Employer or Volunteer Organization: _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Phone: _____ **Fax:** _____

Supervisor: _____ **Supervisor Title:** _____

Your Job Title/Position: _____

Dates of Employment: From ____/____/____ To ____/____/____

Describe your job responsibilities: _____

In addition, please list the last three volunteer organizations or employers for which you have worked, beginning with the most recent.

1

Employer or Volunteer Organization: _____

Dates of Work: From ____/____/____ To ____/____/____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Phone: _____ **Fax:** _____

Your Position: _____ **Supervisor:** _____

2

Employer or Volunteer Organization: _____

Dates of Work: From ____/____/____ To ____/____/____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Phone: _____ **Fax:** _____

Your Position: _____ **Supervisor:** _____

3

Employer or Volunteer Organization: _____

Dates of Work: From ____/____/____ To ____/____/____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Phone: _____ **Fax:** _____

Your Position: _____ **Supervisor:** _____

EDUCATIONAL INFORMATION

COLLEGE/UNIVERSITY

Name of Institution: _____

Dates Attended: From ____/____/____ To ____/____/____

Degree/Major: _____

Year Conferred: _____

TECHNICAL/TRADE SCHOOL

Name of Institution: _____

Dates Attended: From ____/____/____ To ____/____/____

Course of Study: _____

Year Conferred: _____

HIGH SCHOOL

Name of School: _____

Dates Attended: From ____/____/____ To ____/____/____

Diploma Awarded? Yes No

OTHER

School: _____

Dates Attended: From ____/____/____ To ____/____/____

Course of Study: _____

MILITARY HISTORY

Have you ever served in the Armed Forces or Uniformed Services of the United States of America? Yes No

If yes, what Branch of Service? _____ Active Duty? Yes No

SPECIAL SKILLS AND ACCOMPLISHMENTS

List any special skills, licenses, certifications, trade, awards, publications, or other related items.

- | | | |
|--|---|--|
| <input type="checkbox"/> Accounting | <input type="checkbox"/> Law | <input type="checkbox"/> Statistical Research |
| <input type="checkbox"/> Calligraphy | <input type="checkbox"/> Law Enforcement | <input type="checkbox"/> Teaching |
| <input type="checkbox"/> Computers | <input type="checkbox"/> Library Research | <input type="checkbox"/> Translation/Languages |
| <input type="checkbox"/> Database Management | <input type="checkbox"/> Microsoft Office | <i>List languages below:</i> |
| <input type="checkbox"/> Desktop Publishing | <input type="checkbox"/> Office Equipment | _____ |
| <input type="checkbox"/> Fundraising | <input type="checkbox"/> Photography | <input type="checkbox"/> Typing WPM _____ |
| <input type="checkbox"/> Grant Writing | <input type="checkbox"/> Public Relations | <input type="checkbox"/> Writing/Editing |
| <input type="checkbox"/> Graphic Design | <input type="checkbox"/> Public Speaking | <input type="checkbox"/> Other (specify below) |
| <input type="checkbox"/> Internet Research | <input type="checkbox"/> Receptionist | _____ |

ON-SITE VOLUNTEER OPPORTUNITIES

List any special skills, licenses, certifications, trade, awards, publications, or other related items.

- | | | |
|---|--|--|
| <input type="checkbox"/> Fundraisers/Special Events | <input type="checkbox"/> Poster Distribution | <input type="checkbox"/> General Office Work |
| <input type="checkbox"/> Presentations/Info Booth | <input type="checkbox"/> Other (specify) _____ | |

Please complete application and:

Mail to: Morgan Nick Foundation
P.O. Box 1033
Alma, AR 72921

Fax to: 479-632-6455