

Volunteer Information Sheet-Short



Your Foundation for an Awesome Life!



Personal Information

Name: *

Last

First

Current Address: *

Street Address:

City:

State:

Zip:

Phone: *

Primary Email: *

Alternate Email:

Preferred Method of Communication *

Home Phone Cell Phone Text Message Email

Are you over 18 years of age? *

Yes No

Date of Birth *



dd-MMM-yyyy

Volunteer Information Sheet-Short

Sex: *

Male

Female

Have you volunteered for this organization in the past? *

Yes No

If so, when? *

Names of family and friends who presently work/volunteer for this organization: *

Emergency Contact Information

Name *

First

Last

Home Phone: *

Address: *

Street Address:

Work/Cell Phone:

City:

State:

Zip:

How is this person related to you? *

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Address: *

Street Address:

Work/Cell Phone:

City:

State:

Zip:

How is this person related to you? *

Employment History and Educational Background

List your last three (3) employers, beginning with the most recent: *

1. Company Details *

Company:

Address:

Phone:

Position:

Supervisor:

2. Company Details *

Company:

Address:

Phone:

Position:

Supervisor:

Volunteer Information Sheet-Short

3. Company Details *

Company:

Address:

Phone:

Position:

Supervisor:

List the past three (3) schools you attended, beginning with the most recent:

1. School *

Name & Address

Year Completed:

Did you graduate?

Major/Degree:

2. School *

Name & Address

Year Completed:

Did you graduate?

Major/Degree:

3. School *

Name & Address

Year Completed:

Did you graduate?

Major/Degree:

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Availability Information

Date you can begin? *

Days/Hours Available? *

Are you currently employed? *

Yes No

If so, may we contact your current employer? *

Yes No

Please provide two(2) references one(1) professional and one(1) personal: *

1. *

Name:

Address:

City, State, Zip:

Phone:

Bus. Name or Pers. Relate:

Volunteer Information Sheet-Short

2. *

Name:

Address:

City, State, Zip:

Phone:

Bus. Name or Pers. Relate:

3. *

Name:

Address:

City, State, Zip:

Phone:

Bus. Name or Pers. Relate:

General Information

List any foreign languages you speak and check your level of fluency: *

1. Language *

Minimal Fluent Read Write

2. Language *

Minimal Fluent Read Write

List any computer skills you have and any programs you are familiar with: *

Volunteer Information Sheet-Short

List any Special skills/abilities you have: *

Security Information

Have you ever been bonded? *

Yes No

If so, explain: *

Have you been convicted of a felony within the past 5 years? *

Yes No

If so, explain (this will not necessarily exclude you from consideration): *

Security Information

Have you served in the military? *

Yes No

Branch: *

Served From: *

Rank: *

Do you have any military commitment, including National Guard service that would influence your schedule? *

Yes

No

Volunteer Information Sheet-Short

If so, explain:

Authorization

I certify that the facts contained in this information sheet are true and complete to the best of my knowledge and understand that if selected for an Volunteer/Internship position, falsified statements on this information sheet will be grounds for dismissal.

Intern Signature: *

[Clear](#)

My signature here on this form indicates I hereby agree, certify, and understand it's an automatic declaration that I am above age 18.

Date: *

dd-MMM-yyyy



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Your Whys?

List at least 3 reasons; why you want to join the Foundation? *

1) *

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2) *

3) *



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Volunteer Information Sheet-Short

Authorization / Confidentiality Terms and Conditions *

It is understood and agreed to that the below identified disclosure of confidential information may provide certain information that is and must be kept confidential. To ensure the protection of such information, and to preserve any confidentiality necessary under patent and/or trade secret laws, it is agreed that:

1. The Confidential Information to be disclosed can be described as and includes: Invention description(s), technical and business information relating to proprietary ideas and inventions, ideas, patentable ideas, trade secrets, drawings and/or illustrations, patent searches, existing and/or contemplated products and services, research and development, production, costs, profit and margin information, finances and financial projections, customers, clients, marketing, and current or future business plans and models, regardless of whether such information is designated as "Confidential Information" at the time of its disclosure.
2. The Recipient agrees not to disclose the confidential information obtained from the discloser to anyone unless required to do so by law.
3. This Agreement states the entire agreement between the parties concerning the disclosure of Confidential Information. Any addition or modification to this Agreement must be made in writing and signed by the parties.
4. If any of the provisions of this Agreement are found to be unenforceable, the remainder shall be enforced as fully as possible and the unenforceable provision(s) shall be deemed modified to the limited extent required to permit enforcement of the Agreement as a whole.

Authorization and Confidentiality Form:

5. For individuals in USA under age 18 - I/we agree to all the conditions and terms aforementioned here after all the proper legal authorized guardian(s)/parent(s) have signed below either electronically and/or in writing for this authorization to be in effect for a internship/volunteering.

Note, this will take effect immediately upon receipt by In Awe Foundation, Inc. via fax, mail, email, scan by one of it's authorized representatives. No additional modifications may be made to what's noted here without prior written consent.

WHEREFORE, the parties acknowledge they have agreed to and understood these Terms and Conditions and voluntarily accept the duties and obligations set forth herein.

I accept the Terms and Conditions.

Recipient of Confidential Information: *

Only for individuals under age of 18

1. Parent / Legal Guardian's Name

Please Print

Volunteer Information Sheet-Short

Signature

[Clear](#)

Date

dd-MMM-yyyy

2. Parent / Legal Guardian's Name

Please Print

Signature

[Clear](#)

Date

dd-MMM-yyyy

Name (Print or Type): *

Signature: *

[Clear](#)

My signature here on this form indicates I hereby agree, certify, and understand it's an automatic declaration that I am above age 18.

Date: *

dd-MMM-yyyy

Disclosure of Confidential Information:

Volunteer Information Sheet-Short

Name (Print or Type):

In Awe Foundation Inc.

Signature: *

[Clear](#)

My signature here on this form indicates I hereby agree, certify, and understand it's an automatic declaration that I am above age 18.

Date: *



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