|  |  |
| --- | --- |
| Idea Research and Educational Services, LLCVolunteer Application |  |

## Contact Information

|  |  |
| --- | --- |
| Name |  |
| Street Address |  |
| City ST ZIP Code |  |
| Home Phone |  |
| Work Phone |  |
| E-Mail Address |  |

## Availability

### During which hours are you available for volunteer assignments?

|  |  |
| --- | --- |
| Weekday mornings | Weekend mornings |
| Weekday afternoons | Weekend afternoons |
| Weekday evenings | Weekend evenings |

## Interests

### Tell us in which areas you are interested in volunteering

|  |
| --- |
| Tutoring |
| Mentoring |
| Camps |
| Advertisement |
| Social Media General BackgroundHave you ever volunteered for IRES before?  |  | | --- | | Yes \_\_\_ No | |  |  Have you ever been convicted of a felony?  |  | | --- | | Yes \_\_\_ No | |  |  Have you had any criminal convictions for child abuse or sex-related crimes?  |  | | --- | | Yes \_\_\_ No | |  | |

## Special Skills or Qualifications

### Summarize special skills and qualifications you have acquired from employment, previous volunteer work, or through other activities, including hobbies or sports.

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|  |

## Previous Volunteer Experience

### Summarize your previous volunteer experience.

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## Volunteer/Internship Requirement

### Are you required to volunteer? If yes, indicate how many hours and the deadline. Do you need a certificate indicating your volunteer work with us? If yes, please provide all necessary details.

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|  |

## References

|  |  |
| --- | --- |
| Name |  |
| Email |  |
| Phone |  |
| Type of reference  (Family/Personal/Professional) |  |

|  |  |
| --- | --- |
| Name |  |
| Email |  |
| Phone |  |
| Type of reference  (Family/Personal/Professional) |  |

## Person to Notify in Case of Emergency

|  |  |
| --- | --- |
| Name |  |
| Street Address |  |
| City ST ZIP Code |  |
| Home Phone |  |
| Work Phone |  |
| E-Mail Address |  |

## Agreement and Signature

### By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if I am accepted as a volunteer, any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal or any other adverse action.

|  |  |
| --- | --- |
| Name (printed) |  |
| Signature |  |
| Date |  |
| Parent Name (if under 18) |  |
| Parent Signature |  |
| Date |  |

## Equal Opportunity Policy

### IRES provides equal opportunities without regard to race, color, religion, national origin, gender, sexual preference, age, or disability.

### Thank you for completing this application form and for your interest in volunteering with us.