



## 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.

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**Employer or Volunteer Organization:** \_\_\_\_\_

**Dates of Work:** From \_\_\_\_/\_\_\_\_/\_\_\_\_ To \_\_\_\_/\_\_\_\_/\_\_\_\_

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

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Fax:** \_\_\_\_\_

**Your Position:** \_\_\_\_\_ **Supervisor:** \_\_\_\_\_

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**Employer or Volunteer Organization:** \_\_\_\_\_

**Dates of Work:** From \_\_\_\_/\_\_\_\_/\_\_\_\_ To \_\_\_\_/\_\_\_\_/\_\_\_\_

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

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Fax:** \_\_\_\_\_

**Your Position:** \_\_\_\_\_ **Supervisor:** \_\_\_\_\_

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**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