Page 15 & Urban Think! Foundation
VOLUNTEER REGISTRATION FORM

All volunteers must complete this registration form to volunteer in PAGE 15 & Urban Think! Foundation programs. Please **PRINT** legibly and complete the entire form. For your safety, and that of our students, a **BACKGROUND CHECK** will be completed on all volunteers. A complete registration form with an original signature and copy of your government issued photo ID, must be kept on file. **PLEASE ATTACH A COPY OF YOUR PHOTO ID**.

LEGAL NAME as it appears on your photo ID	_____
	LAST NAME FIRST NAME MIDDLE INITIAL OTHER NAMES USED

SOCIAL SECURITY NUMBER	GENDER	DATE OF BIRTH
___ ___ ___ -- ___ ___ -- ___ ___ ___ ___	____ Male ____Female	___ ___ -- ___ ___ -- ___ ___

Home Address:_____
STREET APT# CITY STATE ZIP

Home phone:_____ Cell Phone:_____

Email Address:_____ Work Phone:_____

Business/School/Organization:_____ Position: _____

Emergency Contact:_____ Phone:_____

Relationship:_____

I am interested in the following volunteer opportunities (check all that apply):

_____ Tutoring _____ _____ Leading Workshops _____ Clerical / Office
Preferred Subjects

_____ Graphic Design/Marketing _____ Special Events

QUALIFICATIONS

Do you have any previous experience with teaching or tutoring? _____

_____

What are your skills, interests, hobbies, talents, etc. that would be best put to use at Page 15? _____

_____

Languages Spoken: _____

If you could have a conversation with any historical figure, alive or dead, who would it be? _____

Please Check One (and *only* one): ☐ Alligators ☐ Puppies ☐ Penguins ☐ Dingos ☐ Sasquatches ☐ Hornless Unicorns

INITIAL BACKGROUND CHECK

Have you ever been convicted of a felony? ☐ Yes ☐ No

If you answered yes, please explain: _____

_____

Have you ever been enrolled in a pretrial intervention program, pretrial diversion program, drug court program, or had an adjudication withheld in a criminal case? ☐ Yes ☐ No

If yes, please explain: _____

_____

Did you complete the program? ☐ Yes ☐ No ☐ N/A

By signing below, I agree to the rules and regulations of the volunteer program. I understand that any / all involvement with students shall be under supervision and is restricted to the specific Page 15/Urban Think! Foundation program or sponsored activity. My signature below certifies compliance with all Page 15/Urban Think! Foundation rules and regulations.

X_____

VOLUNTEER and/or PARENT GUARDIAN SIGNATURE **DATE**

PLEASE SEND REGISTRATION TO: PAGE 15. 1201 E. Robinson Street, Orlando, FL 32801
or FAX TO: 407-540-9587.

OFFICE USE ONLY: Date entered into DB_____ Background check_____ Interviewed by:_____