Page 15 & Urban Think! Foundation
VOLUNTEER REGISTRATION FORM

All volunteers must complete this registration from 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	FIRST NAME	MIDDLE NAME	LAST NAME	OTHER NAMES USED

GENDER	DATE OF BIRTH
☐Male ☐Female ☐Non-binary/third gender ☐Prefer not to say ☐ _____	| | -- | | | -- | | |

Home Address:_____
STREET APT# CITY STATE ZIP

Cell Phone:_____ Email Address:_____

Business/School/Organziation:_____ Position: _____

Emergency Contact:_____ Phone:_____

Relationship:_____

QUALIFICATIONS

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

_____

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

_____

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

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**

SCAN and EMAIL TO: volunteer@page15.org **QUESTIONS?** CALL (407) 422-8755

OFFICE USE ONLY: Date entered into DB_____ Background check_____

SOCIAL SECURITY NUMBER										
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