



VOLUNTEER APPLICATION

Last Name **First Name** **Middle Initial**

Address **City** **State** **Zip Code**

Cell **Email**

Date of Birth

Emergency Contact:

Name **Relationship** **Phone Number**

Employer's Name/School's Name **Occupation/Academic Major**

Are you certified in CPR or First Aid? YES NO

If yes, date certification expires: _____

Please list any other special skills, training, hobbies or tennis experience:

How did you hear about Net Rushers CTA?

Volunteer Experience:

Position: _____

Position: _____

Organization: _____

Organization: _____

Date: _____

Date: _____

When are you available to volunteer?

_____ Weekday afternoons

_____ Weekday evenings

_____ Weekend mornings

_____ Weekend afternoons

What areas are you interested in volunteering?

_____ Tennis Instruction

_____ Marketing (Social Media, Website, Photography)

_____ Fundraising

_____ Special Events/ College / Post Secondary Prep

_____ Mentoring

_____ Office/Administration

_____ Tutoring

_____ Publicity (Getting visibility to the organization in local and trade focused publications, podcasts, news outlets.)

What interested you in Net Rushers CTA? Is there an aspect of the program that motivates you to be a part of this organization?

What would you like to get out of your volunteer experience? What would make you feel like you have been successful?

Please list two professional and/or personal references other than relatives who would be willing to serve as personal references. References will remain confidential.

1.

Name

Phone number

E-mail Address

Street Address

City

State

Zip Code

2.

Name	Phone Number	E-mail Address	
Street Address	City	State	Zip Code

Acknowledgement

Please initial

_____, I understand a condition of my volunteer status Net Rushers CTA now or in the future depends, in part, on the results of a criminal background check.

Date of Birth: ____/____/____
(Month) (Day) (Year)

Medical Care Information

If you require special prescription or non-prescription medication during program hours about which you would like to make us aware, or if you have any other medical condition about which you would like to make us aware, please advise below.

In case of medical emergency call:

Dr. _____ Phone: _____

Preferred Hospital _____ Phone: _____

Personal Contact _____ Phone: _____

Photo/Website

NetRushers CTA would like to include actual photos from its programs in marketing material and on its website. As a volunteer you may be visible in these photos. Do you consent? Yes: ____ No: ____

Applicant's Signature _____

Date _____

Thank you for your application. Please email it to info@netrusherscta.org.

