



VOLUNTEER APPLICATION

Thank you for your interest in Max Opus Round and its initiatives.

Volunteering with Max Opus Round is an opportunity to be of service to your community and to underrepresented youths. We are looking for individuals who support our mission and are willing to be interviewed, submit a drug screen and background check and adhere to our policies and procedures. The information on this application will be kept confidential unless summoned to be reviewed by legal authorities. The information you submit will help us place you in the most appropriate volunteer position.

First Name: _____ Last Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

EDUCATION

Highest level of education _____

List any Certifications _____

EMPLOYMENT

Current employer _____

Address _____

Position/Title _____

Dates of employment _____

Employer phone #: _____

Please list any special skills or qualifications that would benefit any one of our initiatives.

If unemployed please explain why _____

What past volunteer experience have prepared you to work as a volunteer with disadvantage youths, in education, or the arts?

What are your intentions for volunteering with Max Opus Round? What do you hope to gain from this experience?

Have you ever been convicted of a crime? If yes, please disclose the nature of the crime, date of the conviction and disposition.

Do you give Max Opus Round permission to conduct a drug screen and background check in accordance with federal requirements: **Yes or No**

Do you have your own means of transportation? _____

If yes, drivers License number: _____

If no, how do you plan to get to our locations _____

AVAILABILITY

Max Opus Round operates on a weekend schedule but may have operational hours during the week on some occasions and summer months.

Please indicate dates available: Mon Tues Wed Thurs Fri Sat

Available times: From _____ To _____

INTEREST

Please tell us in which area you would like to volunteer:

____ MOR Literary Club	____ Annual events/Fundraisers
____ MOR Art Youth Society	____ Teaching
____ Annual Fundraising Gala	____ Administration
____ Admissions	____ Workshops

Please list three character references that are not related to you:

1) Name _____

Phone _____ Email _____

Relationship to you _____ Length of relationship _____

2) Name _____

Phone _____ Email _____

Relationship to you _____ Length of relationship _____

3) Name _____

Phone _____ Email _____

Relationship to you _____ Length of relationship _____

EMERGENCY INFORMATION

Name of person to contact incase of emergency: _____

Please read the following carefully before signing this application:

I affirm that the answers on this application are true, correct and complete to the best of my knowledge. I have not knowingly withheld any information that would affect my chances of volunteering. I understand that if the information in this application is found to be untrue, this application is an automatic cause for denial as an applicant for a volunteer position with Max Opus Round or termination from my position if already volunteering with the organization. I hereby permit Max Opus Round to conduct a thorough check of my background.

I hereby acknowledge that I will be volunteering at my own risk and that the organization, its employees and affiliates cannot be held liable for any accident, injury or health problems sustained during any volunteer work performed for the organization.

I agree that all the work performed for the organization is strictly on a volunteer basis and I am not eligible to receive any monetary compensation or rewards.

I hereby acknowledge and will sign the addendum regarding Max Opus Round position on no tolerance for child abuse and the Code of Ethics document pertaining to a moral compass.

Signature _____

Date _____