



Making It To The Finish Line

2140 Holbrook, Hamtramck, MI 48212
Phone: (313) 460-0596/ Fax: (313) 877-8340

VOLUNTEER APPLICATION

Our organization encourages the participation of volunteers who support our mission. If you agree with our mission and are willing to be interviewed and trained in our procedures, we encourage you to complete this application. The information on this form will be kept confidential and will help us find the most satisfying and appropriate volunteer opportunity for you.

Name: _____

Address: _____

City _____ ST _____ Zip _____

Phone: _____ Email _____

Employer _____ Position _____

Birthdate: _____ Nationality _____ for a background check.

Any special talents or skills you have that you feel would benefit our organization?

Any physical limitations? _____

In case of emergency contact:

As a volunteer of our organization, I agree to abide by the policies and procedures. I understand that I will be volunteering at my own risk and that the organization, its employees, and affiliates, cannot assume any responsibility or any liability for any accident, injury, or health problem which may arise from any volunteer work I perform for the organization. I agree that all the work I do is on a volunteer basis and I am not eligible to receive any monetary payment or reward. **All volunteers have to have a background check.**

Signature _____ Date _____

VOLUNTEER WORK:

Please list your previous volunteer work: _____

Please list your current community activities (clubs, religious, fraternal and other civic organizations):

REFERENCES:

Please list the name, complete address, zip code, and telephone of three references over the age of 21 and not a family member.

NAME	ADDRESS/ZIP	PHONE
1.	_____	
2.	_____	
3.	_____	

I certify that the information in this application is true and correct to the best of my knowledge. I give consent that my current employer and persons given as references may respond to a verbal or written request for further information from Making It To The Finish Line. I am willing to undergo a background check. I agree to sign a Making It To The Finish Line Confidentiality Agreement. I agree to refer any inquiries regarding Making It To The Finish Line, its programs, participants, sponsors or donors to the Executive Director or staff of Making It To The Finish Line. I understand that any medical information provided is to ensure that the applicant is healthy enough to volunteer safely and does not pose a health risk to our clients. I understand that my application and all information contained herein will be held in strict confidence by Making It To The Finish Line and will not be released to any outside party without the applicant's consent.

Confidentiality/Non-Disclosure Agreement:

As a volunteer, I agree that I will not share any information regarding Making It To The Finish Line, or its members. I will not use or share any materials or pictures that are the property of said organization without permission from Making It To The Finish Line.

Signed this _____ day of _____, 2023

Signature

Print Name

To avoid delay in processing your application, please be sure complete information is provided. **Email your application to: mittfl@att.net**