VOLUNTEER AMBASSADOR APPLICATION
HERO SUPPORT TEAM – HIGH SCHOOLS
We cannot accept court-mandated community service
(Your information is held in the strictest confidence)

Last Name (Print): _____ First Name (Print): _____

MI: _____ **Social Security Number:_____

**Birth date: Day_____   Month_____ Year_____   (**mandatory information)

Home Address:

Street:_____

P.O. Box/Apt #:_____

City:_____

State: _____ Zip: _____

Day Phone :(   )_____

Evening Phone: ( )_____

E-mail Address: _____

> What function(s) would you like to perform while volunteering (please √ all that apply)
> ____ HYDRATION HERO
> ____ TRAFFIC MANAGER
> ____ AMBASSADOR -CANTEEN
> _____ Please send me other opportunities

Present Employment

Employer: _____Work Performed:_____

Address: _____

Phone: (__)_____Supervisor/Department_____

E-mail:_____

Please check any additional skills where you have had at least 3 months of experience:

_____Clerical   ___Computer programs or software _____Customer Service   ___Database Mgmt.

Other hobbies or skills? _____

Have you volunteered in the last three years**?__Y ___N

Where have you volunteered? _____ What were your duties? _____

Have you ever been a CBC/CTS volunteer?   Y___N___ If yes, where/dates? _____

The Traffic Manager opportunity physical requirements include being on your feet at the site for up to 4-5 hours as you direct the donors from station to station for their donation. Are you able to perform the essential duties of this position with or without accommodation?   Y___ N___

Have you ever been convicted of a felony?   Y___ N___ If yes, explain_____

With my signature below, I hereby give CBC/CTS permission to inquire into my police records, employment and/or volunteer history. I further give permission to the holder of any such information or records to release the same to CBC/CTS. And I will be expected to sign and uphold the attached confidentiality agreement.

I do hereby hold the CBC/CTS harmless from any liability, whether civil or criminal, that may arise as a result of the release of this information about me. I further hold harmless any individual, agency, business or corporation that provides information or documents to CBC/CTS. I understand that CBC/CTS will use this information as part of its verification of my volunteer application.

I certify that the information given herein is true and correct to the best of my knowledge and belief. I understand that providing false information of this application may be grounds for denying my application or for terminating my services as a volunteer.

Applicant's Signature:_____   Date:_____