



Girls Inc. of Fort Smith

P.O. Box 1253
Fort Smith, AR 72902
(479) 782-0375

Volunteer Opportunity Sheet

Full Name _____

Phone (day) _____ (evening) _____

Please indicate the volunteer opportunities in which you would be interested:

- ☐ **Member, Board of Directors:** Help determine the future direction of Girls Incorporated.
- ☐ **After school Mentor/Tutor:** Be a role model and help our members succeed in school during our after school program.
- ☐ **Instructor:** Inspire girls ages 6-18 to explore their talents in art, music, computers, science, math, cooking, economics, literacy or *your* special area of expertise.
- ☐ **Coach:** Teach girls the value of teamwork during any of our sports: volleyball, basketball, drill team, soccer or fastpitch softball.
- ☐ **Referee:** Help members learn to follow the rules as a referee for soccer, basketball or volleyball games.
- ☐ **Receptionist:** Answer phones and help with general office duties.
- ☐ **Special Projects Assistant:** Add your heart and hands to planning and carrying out any of Girls Incorporated's special events throughout the year.
- ☐ **Handyman or Handywoman:** Assist with small plumbing and repair problems, painting and general upkeep, moving furniture and other projects as needed at our centers in Fort Smith.
- ☐ **Landscape Maintenance:** Assist with general lawn care at both our Nancy Orr and Belle Grove centers.

I understand and agree to follow the regulations of Girls Incorporated, its facilities and its volunteer program which specify that for the protection of all, every person is prohibited from disclosing the contents of any communications, records and files connected to Girls Incorporated. I also authorize Girls Incorporated to conduct a background check on me. I understand that Girls Incorporated reserves the right to accept or reject my application to volunteer for any reason, with or

Signature

Date

Community
Partner





Community
Partner



Volunteer Application

Full Name: _____ Date: _____

Date of Birth: _____ Sex: _____ S.S. No.: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: Home: _____ Work: _____ Cell: _____

E-mail address: _____

Employer: _____

Best time and place to contact you: _____

Emergency Contact: _____

Relationship: _____ Phone: _____

Education (check highest year completed): _____ 9 _____ 10 _____ 11 _____ 12 _____ college

Have you ever been convicted of a felony? _____

If yes, please explain: _____

Are you willing to submit to a background investigation and/or drug test if requested? Yes / No

Why do you want to be a Girls Incorporated volunteer? _____

What days/times are you available to volunteer? _____

How frequently are you willing to commit? _____ Weekly _____ Twice a month

_____ Once a month _____ As needed or called for special projects!

Volunteer Choices
(Please check all areas of interest)

Volleyball

____ Head Coach

____ Assistant Coach

____ Referee

Basketball

____ Head Coach

____ Assistant Coach

____ Referee

Programs

____ After School

____ Summer/Camp

____ Drill Team

Preferred age group? _____ Preferred coaching partner? _____

Other volunteer services you wish to perform _____

References:

Name: _____ Relation: _____

Address: _____

Work Phone: _____ Home Phone: _____

Name: _____ Relation: _____

Address: _____

Work Phone: _____ Home Phone: _____

Authorization to Release Information

I, _____, do apply as a volunteer with Girls Incorporated of Fort Smith. I hereby authorize, request and direct educational institutions, my references, my employers (past and present), medical institutions and doctors, any other persons, institutions or organizations and all government agencies and instrumentalities (local, federal, or foreign) wherever said individuals or organizations are situated, to release to the Executive Director of Girls Incorporated or to any representative thereof, any document, information, record or files that she deems material to the processing of my application. Said information can be furnished if request therefore is made in person or in writing.

Further, I release all of said individuals and organizations from all liability to me that could arise in any manner, contract or otherwise from the act of furnishing said information and records to the Executive Director or her representatives, and this serves as a waiver of any and all legal communication privileges that I could claim.

Further, I appoint the Executive Director or her representatives as my agent and attorney-in-fact for the sole purpose of collecting information for processing my application and direct that she be permitted to make copies thereof at her discretion. This request can be trusted as if I were making the request in person.

Signature: _____ Date: _____