Application for Volunteer Services

Please complete and return to accounting@foxfire.org

Personal Information

Date of Application: ________________

Name: ______________________________________________________
       Last               First               Middle

Address: ______________________________________________________
       Street               Apt.               City,                       State               Zip

Alternate Address: ____________________________________________
       Street               City,                       State               Zip

Contact Information: ( ___ ) ___ ( ___ ) __________________________
       Home Phone               Mobile Phone               Email

Available Start Date: __________

Days and times available:

____________________________________________________________

EDUCATION:

<table>
<thead>
<tr>
<th>Name &amp; Location</th>
<th>Graduate?</th>
<th>Degree?</th>
<th>Major/Subjects of Study</th>
</tr>
</thead>
<tbody>
<tr>
<td>High School</td>
<td></td>
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<tr>
<td>College or University</td>
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<td>Specialized Training,</td>
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<td>Trade School, etc.</td>
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<tr>
<td>Other Education</td>
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Please list your areas of highest proficiency, special skills or other items that may contribute to your abilities in performing the above-mentioned position.
STATEMENT OF PRACTICE

In order to safeguard the well-being of the youth served, The Foxfire Fund, Inc. will investigate the accuracy of the data provided in the application process for all applicants before appointment to the volunteer or employee staff can be made. This investigation may include, but is not limited to, reference checks with past employers, educational institutions, volunteer organizations, and civic groups. If a volunteer job offer is made to you, the offer will be conditional upon your satisfactory completion of a background check before you begin. You must go to your local sheriff’s office to complete this background check, attaching the report to your volunteer application. If a paid job offer is made to you, the job offer will be conditional upon your satisfactory completion of a medical examination and background check before you begin. You must go to your local sheriff’s office to complete this background check, attaching the report to your job application.

Have you ever been convicted of, or pled nolo contendorere (“no contest”) to a charge of a crime?
Yes_________  No_________

Are you currently using illegal drugs?
Yes_________  No_________

Have you ever been charged with child neglect or abuse?
Yes_________  No_________

Has your driver’s license ever been suspended or revoked?
Yes_________  No_________

Other than the above, is there any fact or circumstance involving you or your background that would call into question your being entrusted with the supervision, guidance, and care of young people?
Yes_________  No_________

If yes to any question above, please describe in full below.
________________________________________________________________________

Do you have a valid driver’s license? Yes______  No______

Have you ever been bonded? Yes______  No______

If yes, which employer?________________________________________________________
Type of volunteer work preferred: (Check any that apply.)

___ Clerical, bulk mails (folding, stuffing envelopes), etc.
___ Archival work (scanning negatives/completing
 reports/filing/copying/transcribing/research
 ___ Special events (Mailings, Festival work, contacting businesses for donations,
 pick up donated items, etc.)
 ___ Tour guide at the Museum & Heritage Center (must be trained and able to
 traverse hilly terrain)
 ___ Transportation for students on interviews
 ___ Grant writing (Please list experience)
 __________________________________________________________
 ___ Running gift shop (making retail sales, assisting customers, stocking shelves)
 ___ Other (describe) ________________________________

Areas of expertise:
___________________________________________________________________
___________________________________________________________________

Hobbies, interests, special skills:
___________________________________________________________________
___________________________________________________________________

Person to notify in case of emergency: ______________________________
Relationship: ________________ Phone: _________________________

Signature: _______________________________ Date: ________________