

NABI FOUNDATION VOLUNTEER APPLICATION

Applicant Name:

(Last) (First) (Middle)

Address:

(Street) (Apt. #)

(City) (State) (Zip Code)

Birth Date:

Month/Day/Year

Telephone:

(Home) (Work)

Referred by:

(Last) (First) (Relationship)

Email:

Name of School:

Present Employment:

(Phone) (Hrs/Wk)

Volunteer Experience:

Interests/ School Activities:

References (choose from the following: teacher, coach, club advisor, principal, minister, employer, family physician)

Name	Profession/Relationship	Phone	Address

What area you would like to volunteer your time?

___ Basketball	Days Available ___ -- ___	Hours Available ___ -- ___
___ Baseball & Softball	Days Available ___ -- ___	Hours Available ___ -- ___
___ Physical Education Program	Days Available ___ -- ___	Hours Available ___ -- ___
___ Chasing the Sun Events	Days Available ___ -- ___	Hours Available ___ -- ___
___ Office	Days Available ___ -- ___	Hours Available ___ -- ___
___ Fundraising	Days Available ___ -- ___	Hours Available ___ -- ___

Signed: _____

Date: _____

Your signature signifies that all your answers are accurate and correct to the best of your knowledge, it further indicates your approval for us to check references. NABI Foundation is not obligated to provide a placement, nor are you obligated to accept the position offered.

Opportunities for volunteers are provided without regard to religion, creed, race, national origin, age or sex.

FAX APPLICATION TO: 480-446-7053 to include a copy of your current drivers license and/or tribal membership