



Dade Amateur Golf Association
"Helping Youth Through Golf"

VOLUNTEER APPLICATION

Name of Event you wish to sign up for: _____

Name: _____ Date: _____

Address: _____ City: _____ State: _____ Zip: _____

Home Phone _____ Cellular: _____ D.O.B. _____

Work Phone: _____ May we call you at work? _____

Social Security #: _____

Current Job Responsibilities and Hours: _____

Previous Work Experience: _____

Golf Skill and Experience: _____

Other Special Skills, Training, and Hobbies: _____

Community Affiliations (Clubs, Churches, Service Organizations, etc.) _____

Previous Volunteer Experience With Children Or Youth: _____

How will your volunteer work affect your family and work responsibilities? _____

Can you make a commitment to The First Tee Chapter for at least one year? _____

When are you able to volunteer? _____

How many hours per week are you able to volunteer? _____

Do you have?

- Your own transportation? _____
- Liability insurance? _____

- A valid driver's license? _____

Why do you want to serve as a volunteer for The First Tee? _____

What qualities do you feel you have that would enable you to help another person to develop life skills? _____

Have you ever been exposed to an incident of child abuse or neglect? _____

Are you willing to participate in The First Tee training programs? _____

Please list three professional and/or personal references (not including relatives) with complete addresses and phone numbers below. References will remain confidential.

Name/Relationship	Address	Phone
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1. _____

2. _____

3. _____

I hereby authorize any organization affiliated with The First Tee Miami to investigate my background as necessary for the consideration of my application.

I further authorize all persons, schools, companies, organizations, credit bureaus, and law enforcement agencies to supply all information concerning my background and to furnish reports thereon and I hereby release them and any organization affiliated with The First Tee Miami from any and all liability and responsibility arising from their doing so.

I certify that the answers given by me to all questions on this application and any attachments are, to the best of my knowledge and belief, true and correct and that I have not knowingly withheld any pertinent facts or circumstances. I understand that any omission or misrepresentation of fact in this application may result in refusal of or separation from volunteer service upon discovery thereof.

Applicant's Signature _____ Date _____