



New Volunteer Application

Persons who volunteered for *FIRST* before January 1, 2014 are not required to complete this application at the discretion of both Lead Coaches/Mentors.

■ items to be completed by designated Coach/Mentor

THIS FORM TO BE RETAINED BY DESIGNATED COACH OR MENTOR.

Team Name: _____ Team Number: _____ *FIRST* Program: _____

Name, Home Address, and Contact Information of Prospective Volunteer	Team Role	Date of <i>FIRST</i> YPC	Date of Photo ID inspection	Signature of designated Coach/Mentor	Alternative (non- <i>FIRST</i>) Training and Screening Verified

How long at this address? _____ If less than 5 years, provide previous address. _____

Is your child a member of the team? Y N

Why do you want to work with a *FIRST* team? _____

Have you worked with children in the age range of this team before? Y N

Have you ever been excluded from working with children by any organization? Y N

Have you ever been arrested for other than a traffic violation? Y N

If yes, provide details and dates: _____

Signature of Prospective Volunteer _____ Date _____