



Parents, Let's Unite for Kids (PLUK) Volunteer Application

For Office Use Only

Name: _____
Last First Middle

Mailing Address: _____
Number Street Apt

City State Zip

Date of Birth _____

Phone: home _____ work _____

cell _____ e-mail _____

Occupation: _____

Employer: _____

Phone Number Address

Emergency Contact: _____
Name Phone Number Relationship to you

Received _____
References checked _____
Remarks _____

Date Started _____

Volunteer position(s) you are interested in

- | | | |
|---|---|--------------------------------|
| <input type="checkbox"/> Parent to Parent Volunteer | <input type="checkbox"/> Special Events Volunteer | <input type="checkbox"/> Other |
| <input type="checkbox"/> PLUK's Associate Board | <input type="checkbox"/> Art Workshops/ Crafts | |
| <input type="checkbox"/> Office Assistant | <input type="checkbox"/> Tutoring | |
| <input type="checkbox"/> Computer Assistant | <input type="checkbox"/> Youth Associate Board | |

Please list Two Non-Related References

Name	Relationship	Address and Phone Number
1) _____	_____	_____
2) _____	_____	_____

Please Read Before Signing:

I understand that:

- The Information that I have provided may be verified, and I give permission to PLUK to make inquiry of others, which may include a criminal background check to determine my suitability to act as a PLUK volunteer.
- In the course of volunteering for PLUK, I may be dealing with confidential information and I agree to keep such information in the strictest of confidence.
- The relationship between PLUK and volunteers is an "at will" arrangement, and that it may be terminated at any time without cause by either the volunteer or PLUK.
- I grant PLUK permission to use my likeness, voice, and words in television, radio, film, or in any form to promote activities of PLUK

I affirm that I have read the above and that the information I have given is true and complete.

Signed _____ Date _____

Signature of Parent or Guardian if volunteer is a Minor _____ Date _____