

Teen Volunteer Application 2021

Name (Last, First, Middle)



FOUNDATION FOR ACADEMIC ENDEAVORS

Complete and Mail to: Foundation for Academic Endeavors (FAE)
PO Box 945
Mount Vernon, WA 98273

Name _____ M F Date of Birth _____
Last First Middle

Address _____

City State Zip Code

Home Phone (_____) _____ - _____ Cell Phone (_____) _____ - _____

Email _____

Parent Name: _____ Parent Phone: (_____) _____ - _____

Do you have a T-shirt from last year? Yes No

If not, please choose your size and indicate if it is a men's size or a women's size.

XS S M L XL XXL XXXL Men Women

Bus Transportation Needed? Yes No

Volunteer Positions (Choose as many as you like)

Classroom Aide Cafeteria Helper

Hours 7:30 am to 2:15 pm

Dates Available (Choose as many as you like)

Week 1 (July 5 - 8)

Week 2 (July 12 - 15)

Week 3 (July 19 - 22)

Week 4 (July 26 - 29)

Week 5 (Aug 2 - 5)



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ACKNOWLEDGMENT, RELEASE AND SIGNATURE

Foundation for Academic Endeavors (FAE)

To the best of my knowledge, the information contained in this application is complete and accurate. I understand that providing false information is grounds for not hiring me or choosing me for a volunteer position or for my discharge if I have already been hired or chosen. I authorize any person or organization, whether or not identified in this application, to provide any information concerning my previous employment, education, credit history, driving record, criminal conviction record, sexual offender registry or other qualifications for my employment or volunteering.

I also authorize FAE to request and receive such information.

If chosen, I agree to be bound by FAE policies and procedures. I understand that these may be changed, withdrawn, added to or interpreted at any time at the sole discretion of FAE and without prior notice to me.

I also understand that my volunteering may be terminated, or any offer or acceptance of volunteering withdrawn, at any time, with or without cause, and with or without prior notice at the option of FAE or myself.

Nothing contained in this application or in any pre-volunteering communication is intended to or creates a contract between myself and FAE for volunteering or the providing of any benefit.

I understand that I am required to attend an Orientation and a child safety class

I understand that F.A.E. conducts background checks on all volunteers

I understand that if eligible I am required to have a Covid-19 vaccination to participate

I HAVE READ AND UNDERSTAND THE ABOVE PROVISIONS

PARTICIPANT Signature

Date

Print PARTICIPANT Name

Date Approved

PARENT Signature

Date

Approved By

Print PARENT Name



FOUNDATION FOR ACADEMIC ENDEAVORS

FAE seeks to match our skilled and diverse volunteers and staff with appropriate opportunities. Please take a moment to tell us about yourself so we can better understand your experiences, skills and interests.

Previous or Current Volunteer Experience

Previous or Current Experience with Children

Employment/Training Background

Highest Level of Education _____

List any Additional Qualifications or Skills that you'd like to Share

References

Please give the names, e-mail and phone contact information of two people who are not related to you who can tell us about you.

Name:	Name:
Email:	Email:
Phone:	Phone: