



2015- 2016 Volunteer Application Form

ALL Volunteers are required to take the Mandated (Georgia) Child Abuse reporting training course. It is a FREE online course at www.gocfrainingonline.com. Once completed, please print a copy of your completion certificate and turn in to The RECing Crew with this application.

**Please return completed applications & certificates to Pam Stickler.* Applications can be submitted a variety of ways: Hand deliver, mail it to The RECing Crew, P.O. Box 7124, North Augusta, SC 29861-7124, or email Pam Stickler at pam@therecingcrew.com

The RECing Crew relies on the help of many volunteers each year. Opportunities range from spending a few hours each week with RECing Crew members bowling, playing baseball or basketball to one of our many monthly social or art events. If you have any questions please call 803-426-1284.

Name: _____
First initial last

Address: _____
Number street Apt No., Unit No., P.O Box

City/Town Postal Code:

Email: _____ **Occupation:** _____

DOB: _____ **Age:** _____ **School:** _____

Home #: _____ **Cell #:** _____

Position Applying For: *(Check the applicable circle)*

- One time volunteer
- Long term volunteer
- Unsure

Preferred Start Date:

- ASAP
- Date: _____

Area of Interest:

- Alley Cats (bowling)
- ART-ability Studio (monthly Art & Music)
- Crew Chorus
- Cruisers (monthly socials)
- Jazzercise (monthly)
- T-RecS
- Jack-O-Lantern Jubilee
- Sweet Celebrations (April, 2016)

T-shirt Size _____

Date received _____



Why are you interested in volunteering?

How did you hear about the CRC and its volunteer program?

List Any Previous or Current Volunteer Experience:

Organization

Position/Major Responsibility

1 _____

2 _____

How do you hope to benefit from this experience?

What is your preferred method of contact?

- Via email
- Via phone

Would you be interested in being a part of an email database that will update you on The RECing Crew and its upcoming events?

- Yes
- No

The RECing Crew would like to thank you for your expressed interest in helping our organization provide leisure and recreational choices for individuals with disabilities. We look forward to working with you and hope this will be a great experience for you!

Office Use Only:

Application Complete: _____ Mandated Certificate on File: _____ Reviewed by: _____

(✓ = completed plus add date and initial.)

Signature of Applicant

Date