



VOLUNTEER Application Instructions

The mission of The Chi Chi Rodriguez Youth Foundation is to educate and assist at-risk children by improving their self-esteem, character, work ethic, social adjustment and academic performance using the golf course as a living classroom.

Applications can be emailed to james@chichi.org or dropped off at the Golf Club Pro Shop

**The Chi Chi Rodriguez Youth Foundation
Attention: James Poulter
3030 N. McMullen Booth Road
Clearwater, FL 33761
727. 726. 8829 x 215
www.chichi.org**

It is necessary to fully complete the background check authorization form found on the last page to proceed with the application process.

We greatly appreciate your interest in helping all children reach their full potential through your efforts and kindness.

Candidate's Name: _____ Date: _____

Address: _____

Best day time contact number: _____ Home phone _____

Cell Phone _____

Emergency number: _____ Relationship: _____

Email: _____

Referred by: _____

Are you 18 years of age or older?

Yes No

Volunteer Opportunities

Areas available:

____ The First Tee ____ Golf Course ____ Sports Complex

____ Academy Executive Committee ____ Auction Committee ____ Special Events

Start date available: _____

Hours you are available to volunteer: _____

Days of week you are available to volunteer: _____

Are you able to work: Week-ends
 Holidays

I certify that I have provided true, accurate and complete information on this form to the best of my knowledge. I understand that any false information or omission may be grounds for rejection of my application or volunteer status. I understand that if I am offered volunteer status, I will be required to produce original documents verifying my identity and authorization to work in the United States in compliance with federal law.

Pursuant to my participation as a volunteer, I recognize that there are risks and possible injuries that one may sustain through such participation, including, but not limited to the following:

- (i) being struck by a golf club or golf ball;
- (ii) being struck by a golf cart or other vehicle;
- (iii) falling due to terrain;
- (iv) injuries arising from sports, physical exertion, or activities;
- (v) injuries arising from lightning, heat, cold, rain or other weather-related factors; and
- (vi) any other injuries or damages I may sustain as a volunteer.

In return for being permitted to participate as a volunteer, I assume all risks associated with my participation and agree that I, my assignees, heirs, distributees, guardians, legal representatives, and all those claiming through me, release, waive, hold harmless, and agree not to make a claim against or sue The First Tee of Clearwater or any of its employees, directors, agents, or volunteers, on account of injury or damages resulting from my participating as a volunteer. I have fully and carefully read this release, fully understand its contents, and sign it of my own free will.

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: _____

Parent/Guardian Signature if applicant is under 18 years of age: _____ Date: _____

REQUEST, AUTHORIZATION, CONSENT AND RELEASE FOR BACKGROUND INFORMATION
(PLEASE PRINT)

I, _____
(Last Name) (First Name) (Middle Name) Suffix (Jr., Sr., II, etc.)

I understand that in conjunction with my application for employment. **THE CHI CHI RODRIGUEZ YOUTH FOUNDATION** will use the services of an outside agency to research and verify the information I have provided on my application for employment including my personal background, character, professional standing, work history and qualifications. This agency will provide a report to **THE FOUNDATION. THE CHI CHI RODRIGUEZ YOUTH FOUNDATION** uses **VERIFIRST BACKGROUND SCREENING, LLC**, and a consumer-reporting agency, as an agent to perform background verifications.

VERIFIRST BACKGROUND SCREENING, LLC will utilize various sources of information it deems appropriate including but not limited to: credit reporting agencies, Workers Compensation records, Department of Motor Vehicle records, criminal conviction records, current and former employers, military records, education records, professional and personal references. I request, authorize and consent to the release and disclosure of any and all information including but not limited to the above to **THE CHI CHI RODRIGUEZ YOUTH FOUNDATION** and **VERIFIRST BACKGROUND SCREENING, LLC**.

I request, authorize and consent to the procurement of an investigative Consumer Report and understand that it may contain information about my background, mode of living, character, personal characteristics and general reputation. This authorization in original or copy form shall be valid for one year from the date indicated next to my signature. In accordance with the Fair Credit Reporting Act **THE CHI CHI RODRIGUEZ YOUTH FOUNDATION**. I further understand that when requesting a copy of the report, proper identification will be required and I should direct my request to: **VERIFIRST BACKGROUND SCREENING, LLC**. (Address and phone number available from HR Director)

LAW ENFORCEMENT AGENCIES AND OTHER ENTITIES FOR POSITIVE IDENTIFICATION PURPOSES REQUIRE THE FOLLOWING INFORMATION WHEN CHECKING PUBLIC RECORDS. IT IS CONFIDENTIAL AND WILL NOT BE USED FOR ANY OTHER PURPOSES. I HEREBY RELEASE THE CHI CHI RODRIGUEZ YOUTH FOUNDATION AND ITS AGENTS, VERIFIRST BACKGROUND SCREENING, LLC AND ALL PERSONS AGENCIES, AND ENTITIES PROVIDING INFORMATION OR REPORTS ABOUT ME FROM ANY AND ALL LIABILITY ARISING OUT OF THE REQUEST FOR OR RELEASE OF ANY OF THE ABOVE MENTIONED INFORMATION OR REPORTS.

Signed Today's Date

Printed Name Position Applied for or Help

_____-_____-_____
Social Security Number ____/____/_____
Date of Birth _____
Driver's License Number State

Other names you have used or are also known as: _____

PLEASE PROVIDE ALL RESIDENTIAL ADDRESSES FOR THE PAST 7 YEARS

Current Address: _____
Street Apt. City State ZIP How long here?

Former Address: _____
Street Apt. City State ZIP How long here?

Current Home Phone Number: _____ Current Cell Phone Number: _____