

# Jetz All-Stars Volunteer Application

Date: \_\_\_\_\_ Prefix: Mr./Miss./Ms./ Mrs. Last Name: \_\_\_\_\_

First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_ DOB: \_\_ (Month)/ \_\_ (Day)/ \_\_ (Year)

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone #: Home: \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_

Email Address: \_\_\_\_\_

Affiliations (professional, civic, religious): \_\_\_\_\_

Foreign Languages Spoken: \_\_\_\_\_ Former/ Current Jetz Volunteer? Yes or No

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Emergency Contact's Relationship to You (ex. Parent, friend, ect.): \_\_\_\_\_

Please describe any special requirements, limitations or medical conditions (i.e., lifting, diabetes):  
\_\_\_\_\_

Are you completing a school requirement? Yes or No If yes, total hours needed & deadline?  
\_\_\_\_\_

Are you completing a court ordered requirement? Yes or No If yes, total hours needed & deadline?  
\_\_\_\_\_

## DAYS AND HOURS AVAILABLE

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
From							
To							

Frequency: Weekly/ Bi- Weekly / Monthly Duration of Commitment: \_\_\_\_\_

PROFESSIONAL REFERENCES *(Please list 3 people who are not members of your family)*

Name	Phone	Email	Relationship To Volunteer

Jetz All-Stars  
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(703)-953-1801; [admin@jetzallstars.com](mailto:admin@jetzallstars.com)