



Mrs. Jenkins Dance Is My Life Inc. Date: _____

Volunteer/Community Service Hours

Application Form

813.481.4121 | danceismylife025@yahoo.com | www.mrsjenkinsdiml.org |

www.facebook.com/MRSJENKINSDIML25 | www.instagram.com/diml025 | www.threads.net/@diml025

Name: _____ Age: _____

Address: _____ D.O.B: _____

Email: _____ Hours Required: _____

Home Phone #: _____ Cell Phone #: _____

Emergency Contact Name: _____ Cell Phone#: _____

Allergies/ Medical Conditions? _____

How did you hear about us? _____

Please select one that apply:

- ☐ Personal: _____
- ☐ School: _____
- ☐ Job: _____
- ☐ Court Ordered: _____

Why do you want to volunteer with us?

What would make you a good fit for this role?

What do you think will be the most challenging thing about this role for you?

What do you hope to learn from this experience?

***18 years or older there will be a \$25 fee for a basic background screening with ClearChecks.**

Then provided by an invoice/receipt after payment is processed via-email. *

PAYMENT OPTIONS: CASH | MONEY ORDER | CASH APP @ \$MRSJENKINSDIML | VENMO |
| CHIME | ZELLE | PAYPAL | CREDIT/DEBIT CARD | (ALL CARDS ARE ACCEPTED) |

Please list all relevant experience and/or submit a resume for more details.

1. Dance Experience:

2. Experience with Children:

3. Experience with individuals with Special Needs:

4. Dance classes are typically weekday evenings and weekends daytime depending on the DIML practice location. Each class is typically 45 minutes to an hour three times a week. Also, events are any day/anytime which is mandatory for full time volunteers. Refer to our website/band app for practice locations and events: www.mrsjenkinsdiml.org/
<https://band.us/n/a4a87auf46i7C>

5. What is your upcoming availability for volunteering? Please select all that apply:

☐ Evenings: Tues /Thurs

☐ Weekends (daytime): Sat/Sun

☐ Events: (anytime)

6. How comfortable are you working with a child with a physical disability? (This will require more physical handling – we will teach you the skills)

Not comfortable currently _____ I am willing to try it _____

I would love this opportunity _____

Please provide the information for one reference who can be contacted if necessary

(If under high school age, this can be a parent or legal guardian):

Name: _____ Relationship to Volunteer: _____

Phone Number: _____ Email: _____

****Thank you for your interest in volunteering with Mrs. Jenkins Dance Is My Life Inc.****

Office use only:

Date received: _____

Date processed: _____

President Signature

Date

Secretary Signature

Date