

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

Volunteer/Community Service Hours

Application Form

813.214.1444 | danceismylife025@yahoo.com | www.mrsjenkinsdiml.org |

www.facebook.com/MRSJENKINSDIML25 | www.instagram.com/diml025 | www.tiktok.com/mrsjenkinsdiml

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:

- School: _____
- Job: _____
- Personal: _____
- 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 checkr provided by an email after payment is confirmed you will receive an invoice/receipt

PAYMENT OPTIONS: Cash | Money Order | Cash App @ $MRSJENKINSDIML | Credit/Debit Card Venmo| Chime| Zelle | Apple Pay | Square| (ALL CARDS ARE ACCEPTED)

Please list all relevant experience and/or send 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

5. . Each class is typically 45 minutes to an hour 2-3 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/a1ab7bu849ee1

6. Check out the FREE app and discover all the features

7. that help teams share, plan, organize, and communicate better.

8. https://about.band.us/recommended/a7afH1qexaN6R

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

❑ Evenings:

❑ Weekends:

❑ Events: (anytime)

10. 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 at this time _____ I am willing to give it a try ____

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**