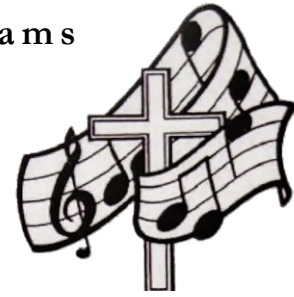


J i m m y J a c k F o u n d a t i o n
Helping Kids Reach Their Musical Dreams



VOLUNTEER APPLICATION
(You must be 18 years of age or older)

Name: _____ (DOB) _____

Address: _____

(City) _____ (State) _____ (Zip) _____

Phone: (Cell) _____ (Other) _____

Email: _____

Best Way To Contact You: _____

Place of Employment: _____ (Phone) _____

Church Affiliation: _____ (Pastor) _____

Emergency Contact: _____ (Phone) _____

Areas of Ministry Work Interest: _____

Special Skills, Hobbies or Education: _____

Clubs or Organizations You Belong To: _____

Two references are required. Please provide name, address, phone, and email information on the back of this form.

I agree to having a background check performed in order to volunteer with the Jimmy Jack Foundation.

Signature

Date

REFERENCES:

Name: _____

Address: _____

Phone Number: _____

Email: _____

Name: _____

Address: _____

Phone Number: _____

Email: _____

OFFICE USE ONLY

Start Date: _____

Duties: _____

Title Given: _____
(if any)