



MACH ACADEMY, INC.
706 796-5046 mparks37@comcast.net
<http://machacademy.com>
1850 Chester Avenue Augusta Georgia 30906

Volunteer Application

Name _____ Birthday _____ Social Security # _____

Address _____ City _____ State _____ Zip _____

Phone _____ Email: _____

Emergency Contact: _____ Phone _____

Past Volunteer Experience (include organization/agency, position, supervisor and phone/email):

Employment (most recent and include company, position, supervisor and phone/email):

Time available for volunteering: List days, hours, etc. _____

Volunteer work you would like to perform: _____

Hobbies, interests, skills: [include specific examples of the types of skills]

Education/Credentials (if over 18, start with high school):

School: Date: Degree: Location:

References: List three non-family members

Name: _____

Address: _____

Phone/Email: _____

(list additional references on back)

Why do you want to volunteer with MACH Academy, Inc.?



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VOLUNTEER AGREEMENT

Organization

MACH Academy, Inc. agree to accept the volunteer services of

_____ [volunteer] beginning _____

We will:

- Provide accurate information, training and assistance.
- Provide supervision and job assessment feedback.
- Respect the skills and individual needs of the volunteer

Volunteer

I, _____, agree to serve as a volunteer for MACH Academy,

Inc. and commit to the following:

- To perform volunteer duties to the best of my ability.
- To adhere to MACH Academy's rules, policies and procedures, including record-keeping requirements and confidentiality of organization and client information.
- To meet time and duty commitments.

Name _____ **Date** _____

Volunteer Staff Representative

_____ **Date** _____



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Consent Form

I hereby authorize MACH Academy, Inc. to receive any criminal history information pertaining to me which may be in the files of any state or Local Criminal Justice Agency in Georgia.

I expressly release the Richmond County Sheriff's Office from any and all liability claim relating to the acquisition and release of any information pertaining to me.

Print full name

Complete Address

Sex

Race

Date of Birth

Social Security Number

Signature

Date

Notary

A copy of picture identification must be included