



Volunteer Application

Last Name **First Name** **Middle Initial**

Address **City** **State** **Zip Code**

Cell Phone **E-mail Address**

Date of Birth

Emergency Contact: In the event of an emergency, please list the person you would want notified:

Name **Relationship** **Phone Number**

Employer's Name/School's Name **Occupation/Academic Major**

Are you certified in CPR or First Aid? **Yes** **No**

If yes, date certification expires: _____

Please list any other special skills, training, hobbies or golf experience: _____

How did you hear about First Tee? _____

Volunteer Experience:

Position: _____

Position: _____

Organization: _____

Organization: _____

Date: _____

Date: _____

When are you available to volunteer?

_____ Weekday afternoons

_____ Weekday evenings

_____ Weekend mornings

_____ Weekend afternoons

What areas are you interested in volunteering?

___ Assistant Coach

___ Marketing Assistance

___ Fundraising

___ Special Events

___ Young Benefactors

___ Office/Administration

___ Golf Ball/Equipment Donation Pick-up

___ Board of Directors

If you are interested in volunteering as an assistant coach, which program location(s) are you interested volunteering?

___ Eagle Springs Golf Course (North County)

___ Family Golf & Learning Center (Kirkwood)

___ Highlands Golf Course (Forest Park)

___ Missouri Bluffs Golf Course (St. Charles)

___ Stonewolf Golf Course (Fairview Heights, IL)

First Tee's Life Skills Experience Program classes meet once a week. Class length varies from 1.25 hours to 2 hours, depending on the skill level of the class. Sessions are 6 to 8 weeks in length. We ask that our volunteer assistant coaches make every effort to attend all classes within the session. If you have a conflict, please let us know as far in advance as possible so that we can make sure we have adequate coaching staff available for each class.

Does this time commitment work for you? Yes No

Shirt Size (please circle): Men's Small Men's Med Men's Lg Men's XL Men's XXL
Women's XS Women's Small Women's Med Women's Lg Women's XL

What interested you in First Tee? Is there an aspect of the program that motivates you to be a part of this organization?

What would you like to get out of your volunteer experience? What would make you feel like you have been successful?

What have you enjoyed most about your previous volunteer position(s)?

Please list two professional and/or personal references other than relatives who would be willing to serve as personal references. References will remain confidential.

1.

Name	Phone number	E-mail Address	
Street Address	City	State	Zip Code

2.

Name	Phone Number	E-mail Address	
Street Address	City	State	Zip Code

Acknowledgement

Please initial

_____ I understand that a condition for my status as an employee, volunteer, or intern with First Tee - Greater St. Louis (FTSTL) now or in the future depends, in part, on the results of a criminal background check. I have read, understand, and agree to be subject to the disqualification policy of FTSTL.

Date of Birth: ____/____/____
(Month) (Day) (Year)

Have you ever been convicted of a crime and are there any legal charges pending against you?
___ Yes ___ No

If yes, please explain:

Medical Care Information

If you require special prescription or non-prescription medication during program hours about which you would like to make us aware, or if you have any other medical condition about which you would like to make us aware, please advise below.

In case of emergency call Dr. _____ Phone: _____

Website

First Tee - Greater St. Louis (FTSTL) has developed a new website and would like to include actual photos from its programs. If you DO NOT want your photo to appear on the site, please sign here: _____ . If we have a special request to identify you (e.g., include name with photo – because of an award of special recognition), we will contact you for that permission. Otherwise, pictures will not include names.

I, THE UNDERSIGNED, FOR MYSELF, MY HEIRS, EXECUTORS AND ADMINISTRATORS, HEREBY AGREE TO INDEMNIFY AND HOLD TSTL AND THEIR RESPECTIVE OFFICERS, DIRECTORS, EMPLOYEES, AGENTS, REPRESENTATIVES AND VOLUNTEERS HARMLESS FROM AND AGAINST ANY CLAIMS, DEMANDS OR CAUSES OF ACTION WHATSOEVER, INCLUDING, WITHOUT LIMITATION, COURT COSTS AND EXPENSES AND ATTORNEYS' FEES, ARISING OR ALLEGED TO HAVE ARISEN ON ACCOUNT OF (I) THE INVESTIGATION OF MY BACKGROUND IN CONNECTION WITH MY APPLICATION TO BECOME A FTSTL VOLUNTEER/STAFF MEMBER; AND (II) MY ACTS OR OMISSIONS AS A TSTL VOLUNTEER OR STAFF MEMBER, INCLUDING, WITHOUT LIMITATION, PERSONAL INJURY AND/OR DEATH OR LOSS OR DAMAGE TO PROPERTY. THE FOREGOING INDEMNITIES SHALL SURVIVE MY APPLICATION AND MY PARTICIPATION, IF ANY, IN THE FTSTL PROGRAM.

I hereby authorize any organization affiliated with First Tee - Greater St. Louis to investigate my background as necessary for the consideration of my application.

I further authorize all persons, schools, companies, organizations, credit bureaus, and law enforcement agencies to supply all information concerning my background and to furnish reports thereon and I hereby release them, and any organization affiliated with First Tee - Greater St. Louis from any and all liability and responsibility arising from their doing so.

I certify that the answers given by me to all questions on this application and any attachments are, to the best of my knowledge and belief, true and correct and that I have not knowingly withheld any pertinent facts or circumstances. I understand that any omission or misrepresentation of fact in this application may result in refusal of or separation from volunteer service upon discovery thereof.

Applicant's Signature _____ Date _____