



DREAM . BELIEVE . WORK FOUNDATION INC.

## VOLUNTEER APPLICATION

### APPLICANT INFORMATION

*Thank you for your interest in volunteering with the T. Rich Foundation, Inc. Please fill out the application and return it to [trichfoundation@gmail.com](mailto:trichfoundation@gmail.com). The Foundation conducts background checks on mentor volunteers to screen for criminal backgrounds that would exclude some from participating in our programs. We appreciate your understanding and willingness to help us create a safe environment for all participants and volunteers.*

|                  |                                   |                     |
|------------------|-----------------------------------|---------------------|
| Name:            |                                   |                     |
| Date of birth:   | SSN:                              | Driver's License #: |
| Current address: |                                   |                     |
| City:            | State:                            | ZIP Code:           |
| Cell Phone:      | Home Phone:                       | Work Phone:         |
| Email Address:   | Organization / School / Employer: |                     |

### EMERGENCY CONTACT

|               |        |           |
|---------------|--------|-----------|
| Name:         |        |           |
| Address:      |        | Phone:    |
| City:         | State: | ZIP Code: |
| Relationship: |        |           |

### REFERENCES

| Name | Address | Phone |
|------|---------|-------|
|      |         |       |
|      |         |       |
|      |         |       |



P.O. Box 22612 • Little Rock, AR 72221 • 501.404.7604 • [www.trichfoundation.org](http://www.trichfoundation.org)

|  |   |   |
|--|---|---|
| How did you hear about volunteering for the T.Rich Foundation?   |   |   |
| What areas are you interested in serving?  | Quarterly Fundraiser <input type="checkbox"/><br>Friends of the T. Rich Foundation <input type="checkbox"/> | Mentor <input type="checkbox"/><br>Scholarship Committee <input type="checkbox"/> |
| <b>VOLUNTEER LIABILITY RELEASE</b>   |   |   |
| <p><i>I hereby give my permission for the release to The T.Rich Dream. Believe. Work Foundation, Inc. of information from law enforcement files concerning any conviction, any pending charges or any arrests.</i> _____ Initials</p>  |   |   |
| <p><i>I understand that the T.Rich Dream. Believe. Work Foundation, Inc. has the right to require this record check as a condition of volunteering.</i> _____ Initials</p>   |   |   |
| <p><i>I understand that registered sex offenders may not volunteer at the T.Rich Dream. Believe. Work Foundation, Inc. By initialing, I assert that I am not a registered sex offender with the State of Arkansas or any state within the United States. All volunteer names will be checked against the public list of registered sex offenders.</i> _____ Initials</p> |   |   |
| <p><i>I understand that this information will be used only for administrative purposes and will not be re-distributed to other persons or used for any other purpose.</i> _____ Initials</p>   |   |   |
| Signature of applicant:  | Date:   |   |

Please email completed application to

[www.trichfoundation@gmail.com](mailto:www.trichfoundation@gmail.com)

*T. Rich*

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