



**AnnieRuth Foundation, Inc.  
VOLUNTEER APPLICATION**

Date: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code \_\_\_\_\_

Telephone: (home) \_\_\_\_\_ (cell) \_\_\_\_\_

Email: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

**EDUCATION**

Highest level of education attained: \_\_\_\_\_

Name of school: \_\_\_\_\_

**EMPLOYMENT INFORMATION**

Name of employer: \_\_\_\_\_

Current Occupation: \_\_\_\_\_

Number of years employed: \_\_\_\_\_

**EXPERIENCE**

Prior experience working with children: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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Organizations of which you belong: \_\_\_\_\_

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**VOLUNTEER ROLE**

*Please select desired volunteer role(s)*

<b>Role</b>	<b>Yrs of Experience</b>
<input type="checkbox"/> Administrative Assistant	_____
<input type="checkbox"/> Event Planner	_____
<input type="checkbox"/> Fundraising Coordinator	_____
<input type="checkbox"/> Grant Writer	_____
<input type="checkbox"/> Mentor (same gender)	_____
<input type="checkbox"/> Public Relations/Marketing Liaison	_____
<input type="checkbox"/> Writer/Editor ( <i>print/electronic communications</i> )	_____
<input type="checkbox"/> Other _____	_____

**AnnieRuth Foundation requires background screenings for all volunteers (including Board members). Please know that having a blemished record may not preclude you from being considered as a volunteer. Other factors such as type of offense and year arrest was made are also taken into consideration.**

Have you ever been arrested, convicted of a crime (felony or misdemeanor), pled guilty or had adjudication withheld? \_\_\_\_\_yes \_\_\_\_\_No

If yes, please explain \_\_\_\_\_

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If you answered Yes to the question above, please advise of what state: \_\_\_\_\_

I do hereby affirm that the above information is true. Furthermore, I hereby release AnnieRuth Foundation from any liability whatsoever for any acts or omissions connected with this application. I understand that the AnnieRuth Foundation have a need to review any and all available records or information, to include but not be limited to criminal records; therefore, I give me consent for the Foundation to do so.

Signature

\_\_\_\_\_ Date: \_\_\_\_\_

After completing application, please return to:

**DeAndrous Wilcox, Executive Director**  
**AnnieRuth Foundation, Inc.**  
**P.O. Box 2726 Jacksonville, FL 32218**  
**904) 200.7202**  
**E-mail: [dee@annieruthfoundation.org](mailto:dee@annieruthfoundation.org)**