

All Purpose Lifeskills, Inc.
Volunteer Form
2007-2008

First Name: _____ Last Name: _____

Mailing Address: _____

City: _____ Zip: _____

E-Mail Address: _____

Daytime Phone: _____ Cell Number: _____

Company Name: _____ Title: _____

Company Address: (if different from Mailing Address) _____

City: _____ Zip: _____

Have you ever served as an All Purpose L Volunteer? Yes No How many Years? _____

Please check the one of the following Impact Areas you would like to serve on:

- Casey Life Skills End User Trainings
- All Purpose Lifeskills Financial Literacy and Lifeskills Trainings

Please check the following areas in which you have professional or personal expertise:

- Administration/Management Social Services/Outreach Accounting/Finance
- Outcomes Measurement Writing/Grant Evaluation Non-Profit Management
- Legal Auditors Other: _____

Conflict of Interest:

All Purpose Lifeskills Volunteers, Board Members, and Staff shall avoid situations where their personal affiliations or relationships could have or give the appearance of having influence on their judgment of the merits of matters being considered. When such situations occur members shall disclose their relationship and excuse themselves from participation.

Members who have volunteer or professional ties to human service agencies shall disclose these and may be assigned to committees where the ties would not likely to have or give appearance of having influence on the member's judgment.

Please list Conflicts of Interest:

1. _____
2. _____
3. _____
4. _____

List three references that are not related:

References: -----
Name Address State, Zip Code phone number

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Name Address State, Zip Code phone number

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***Consent /Release Form
To Investigative Background Information***

Applicant's Name: -----

Applicant's Address: -----

I, _____, authorize and give consent
for All Purpose Lifeskills to obtained information regarding myself. This includes,
but not limited to:

- Employment records/ Employers of references
- Criminal background records/ Information
- Criminal background check/ fingerprint
- Driver's license check
- Coaching/ training experience
- Personal references
- Addresses

I authorize this information to be obtained either in writing or via telephone in
connection with my volunteer application.

Name (printed):

Signature and date:

The following information is optional, but in order to honor our commitment to inclusiveness and diversity and to assure representative viewpoints on all panels, we respectfully request the following:

Gender: Male

Female

Age: Under 21

21-30

31-45

45-59

60+

Ethnicity:

African-American

Asian-American

Caucasian

Hispanic

Other: _____

ALL INFORMATION IS VOLUNTARY

Comments/Questions: _____

Thank you for considering a commitment to All Purpose Lifeskills, Inc. and our community. We look forward to working with you!

Signature: _____

Date: _____

Please mail or fax completed forms to:

Ellen Loebelenz
Chief Executive Officer
All Purpose Lifeskills, Inc.
Pembroke Pines, FL
Phone: 954-962-8409
Email: Ellobo423@aol.com