



VOLUNTEER APPLICATION

An Equal Opportunity Employer

Please Print

Date _____ Last Name _____ First Name _____ Middle _____

MAILING ADDRESS

Address and Street _____ City _____ State _____ Zip Code _____

PERMANENT ADDRESS (IF DIFFERENT FROM MAILING ADDRESS)

Address and Street _____ City _____ State _____ Zip Code _____

CONTACT INFORMATION

Email _____ Home Phone _____ Cell Phone _____

PLEASE INDICATE THE TYPE OF WORK PREFERRED: _____

IF INTERESTED IN BIKE MARSHALL, DO YOU OWN A MOUNTAIN BIKE? Yes No

CAN YOU RIDE A MOUNTAIN BIKE? Yes No

If yes, please indicate skill level: _____

Shift Availability:

	Mon	Tues	Wed	Thurs	Fri	Sat	Sun
From							
To							

How did you hear about our program? _____

Have you ever volunteered with the Making Spirits Bright Foundation? Yes No

If yes, please indicate: From: _____ To: _____

28950 CA HWY 18
PO BOX 369
SKYFOREST, CA 92385

Employment History (Please list the past 3 jobs you've held, including any volunteer work, starting with the most recent)

1. Name of Employer_____ Phone Number_____

Type of Business_____ Supervisors Name_____

Address and Street _____ City _____ State _____ Zip Code _____

Dates of Employment: From _____ To: _____

Your Position and Duties

Reasons for Leaving

Current Employer?.....Yes **May we Contact this Employer for a reference?**.....Yes No

2. Name of Employer_____ Phone Number_____

Type of Business_____ Supervisors Name_____

Address and Street _____ City _____ State _____ Zip Code _____

Dates of Employment: From _____ To: _____

Your Position and Duties

Reasons for Leaving

Current Employer?.....Yes No **May we Contact this Employer for a reference?**.....Yes No

3. Name of Employer_____ Phone Number_____

Type of Business_____ Supervisors Name_____

Address and Street _____ City _____ State _____ Zip Code _____

Dates of Employment: From _____ To: _____

Your Position and Duties

Reasons for Leaving

Current Employer?.....Yes No **May we Contact this Employer for a reference?**.....Yes No

School	Name and Address	No. Years Completed	Did you Graduate?	Degree or Diploma
High School	Name _____ _____ Address _____ _____ City _____ State _____ Zip Code _____	_____	Yes <input type="checkbox"/> No <input type="checkbox"/>	_____
College/ University	Name _____ _____ Address _____ _____ City _____ State _____ Zip Code _____	_____	Yes <input type="checkbox"/> No <input type="checkbox"/>	_____

Any Trail Marshall Volunteer candidates must be observed by the Trail Crew Supervisor or an Executive of SPSV Entertainment, LLC. to confirm that they are confident and capable of riding all trails within SkyPark Bike Park in order to proceed with the Foundation.

As a volunteer of the Making Spirits Bright Foundation, I understand that I will be volunteering at my own risk and that the Foundation, its employees and affiliates, cannot assume any responsibility for any liability for any accident, injury or health problem which may arise from any volunteer work I perform for the Foundation. I agree that all the work I do is on a volunteer basis.

I understand that if accepted as a volunteer, I must: comply with the Foundation policies, rules and regulations; maintain active dependable participation in the program; maintain satisfactory attitude, appearance and work performance levels; strictly observe the Foundations ethics and rules of confidentiality; and treat all visitors and staff with dignity, kindness, understanding, and respect.

I understand that information obtained during the reference check will be limited to that appropriate to determining my suitability for particular types of volunteer work and that all such information will be kept confidential. I hereby give my permission to those individuals or organizations contacted for the purpose of this reference check to give their full and honest evaluation of my suitability of the described volunteer work and other such other information as they deem appropriate.

My services are donated to the Making Spirits Bright Foundation without contemplation of compensation or future employment and give with humanitarian, religious or charitable reasons.

I understand that failure to provide complete, accurate, truthful information on this application may be grounds for immediate dismissal from the program.

I agree to accept termination from the program at any time and for any reason.

Volunteer Signature : _____ Date : _____