



# 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 StreetCityStateZip 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 StreetCityStateZip 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 StreetCityStateZip 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         | <div>Name</div> <div>Address</div> <div> <div>City</div> <div>State</div> <div>Zip Code</div> </div> |                     | Yes <input type="checkbox"/> No <input type="checkbox"/> |                   |
| College/ University | <div>Name</div> <div>Address</div> <div> <div>City</div> <div>State</div> <div>Zip Code</div> </div> |                     | 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 : \_\_\_\_\_