



Healthy Relationships. Thriving Families. Stronger Communities.

## Volunteer Application

For volunteers under 18 years old, the Minor's Parent/Guardian **MUST** sign this application along with the Volunteer Release Form.

Please complete the following (**Print Clearly**):

Last: \_\_\_\_\_ First Name: \_\_\_\_\_ M.I. \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Primary Phone Number: \_\_\_\_\_ Secondary Phone Number: \_\_\_\_\_

E-mail \_\_\_\_\_

What school/group are you volunteering from (if any)? \_\_\_\_\_

Do you have reliable transportation?    Yes    No

Have you ever been convicted of any crime involving a sex offense, any felony involving a controlled substance or any other crime (other than a traffic violation)?    Yes    No

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

\_\_\_\_\_

### Person to Notify in Case of Emergency

Name: \_\_\_\_\_ Relationship to Applicant: \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone Number: \_\_\_\_\_ Secondary Phone Number: \_\_\_\_\_

### Availability

Preferred Start Date : \_\_\_\_\_ How many hours are you available per week? \_\_\_\_\_

During which hours are you available?    \_\_\_\_\_ Year-round    \_\_\_\_\_ Summer only

#### Availability Schedule

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Start Time							
End Time							

**Special Skills or Qualifications**

Summarize special skills and qualifications you have acquired from employment, previous volunteer work, or through other activities, including hobbies or sports.

**Short Summary**

Why would you like to volunteer with Be Strong International, Inc.?

**By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if accepted as a volunteer, any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal.**

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Applicant Name (Printed)	Applicant Signature	Date
Parent/Guardian Name (Printed)	Parent or Guardian Signature	Date

Please submit via: email [office@bestrongintl.org](mailto:office@bestrongintl.org), fax 786-242-1981, or delivery to: Be Strong International, Inc. home office located at, 9730 E. Hibiscus Street, Suite B, Palmetto Bay, FL 33157 from 9 AM – 5 PM.

**VOLUNTEER RELEASE FORM FOR MINORS (under the age of 18)  
PARENTAL CONSENT REQUIRED**

I, \_\_\_\_\_, being the parent or legal guardian of \_\_\_\_\_ (the "Minor") hereby consent to and authorize the Minor to act as a volunteer for Be Strong International, Inc. I acknowledge and agree that activities performed by the Minor as a volunteer will be performed strictly on a voluntary basis, without any pay, compensation, or benefits. I agree and understand that the Minor must comply with the rules and regulations established from time to time by Be Strong International, Inc. and that failure to do so may result in the Minor's immediate removal as a volunteer.

I am aware of the nature of the activities to be performed by the Minor as a volunteer and recognize that in performing volunteer tasks, a risk of harm or injury exists. I agree that all volunteer activities are to be performed by the Minor at the Minor's risk and I assume full responsibility therefore.

On behalf of myself, the Minor, and our respective heirs and personal representatives, I agree not to hold or attempt to hold Be Strong International, Inc., their population served, volunteers, or staff responsible for any injury or damage sustained or incurred by the Minor, arising out of or in any way connected with the Minor's activities as a volunteer for Be Strong International, Inc.. I hereby release and discharge Be Strong International, Inc., their employees, and their volunteers from any and all claims, demands, causes of action of any nature or cause, for any such injury or damage incurred or suffered by the Minor.

Lastly, the Minor has never been convicted of any crime involving a sex offense or any felony involving a controlled substance. Nor has the Minor ever been convicted of any other crime (other than a traffic violation).

\_\_\_\_\_  
Signature of Parent/Legal Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name of Parent/Legal Guardian

\_\_\_\_\_  
Phone Number(s) for Emergencies

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