



## The First Tee Central Ohio Volunteer Information

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

First

Last

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

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

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

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Company Employed By: \_\_\_\_\_ Phone: \_\_\_\_\_

Days available for volunteer service (circle all that apply): **M T W Th F S**

Times available for volunteer service (circle all that apply): **8a-12p 12p-5p 5p-8p**

Other (if necessary): \_\_\_\_\_

How would you like to help? (Check all that apply)

\_\_\_\_\_ Coaching/Assist w/coaching

\_\_\_\_\_ Office Support

\_\_\_\_\_ Fundraising

\_\_\_\_\_ Public Relations

Are you seeking volunteer hours to fulfill a requirement? **YES NO**

If yes, for which organization or school? \_\_\_\_\_

How many hours are required? \_\_\_\_\_ Deadline to complete hours: \_\_\_\_\_

Personal References - Please list two individual references. Each reference must be unrelated and well-aquainted with the applicant.

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Interview Complete \_\_\_\_\_

Background Check Complete \_\_\_\_\_

Orientation/ACT Complete \_\_\_\_\_



# Registration / Background Notification Form

The First Tee of Central Ohio has a policy in place to perform a background check for of our potential Board Members, Staff Members, Professionals, and Volunteers. Our background checks are performed by our program partner, Metro Parks. In accordance with our policy, offenses that are outlined in our policy will “disqualify” individuals from serving on our board, employment, or volunteering with The First Tee of Central Ohio. ([Click here to read policy](#)). Background checks will be performed every 3 years in accordance with our by-laws.

Please complete the information below along with a valid driver’s license and your signature. All information regarding the background check is kept in confidence and should any questions arise, the investigator will contact you directly to gain clarification. **By providing your information and signature below, you are giving us consent to run a Background Check.**

## Please Complete The Following Information:

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

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

Phone Number: \_\_\_\_\_ E-Mail: \_\_\_\_\_

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

Volunteer Interest (Check all that apply):  Assistant Coach (requires training)

Classroom Assistant

Event Coordinator

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Driver’s License State: \_\_\_\_\_ Driver’s License Number: \_\_\_\_\_

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

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**(Upon your Background Approval a representative from TFTCO will contact you)**

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### Administrative Use Only

Approved  Yes  No

TFTCO Approval Signature \_\_\_\_\_