



TOBY WELLS FOUNDATION VOLUNTEER APPLICATION

IDENTIFICATION

JUNIOR APPLICANTS PLEASE ANSWER AS MANY QUESTIONS AS POSSIBLE AND PLEASE REMEMBER WE NEED PARENTAL CONSENT (SIGNATURE)

FIRST NAME	LAST NAME	AGE(IF UNDER 18)	DATE
ADDRESS	CITY	STATE	ZIP
HOME PHONE	WORK PHONE	CELL PHONE	
E-MAIL ADDRESS	BIRTHDAY		
NAME OF PERSON TO CONTACT IN CASE OF EMERGENCY			PHONE

EMPLOYMENT

CURRENT EMPLOYER'S NAME	PHONE
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REFERENCES

PLEASE GIVE US THE NAMES OF AT LEAST TWO PEOPLE WHO CAN ACT AS REFERENCES ON YOUR BEHALF (NO FAMILY MEMBERS, PLEASE)

PERSON'S NAME	DAYTIME PHONE	RELATIONSHIP
PERSON'S NAME	DAYTIME PHONE	RELATIONSHIP
PERSON'S NAME	DAYTIME PHONE	RELATIONSHIP

INSURANCE INFO

THIS IS JUST IN CASE OF AN EMERGENCY. THIS SECTION IS OPTIONAL.

GROUP NAME	SUBSCRIBER NAME	MEMBER NAME
INSURANCE CARRIER	PHONE NUMBER	POLICY NUMBER



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INTEREST/HOBBIES

PLEASE CHECK THE AREAS IN WHICH YOU HAVE AN INTEREST IN.

- WORK WITH ANIMALS
- WORK WITH HORSES
- WORK WITH CHILDREN
- WORK WITH PERSONS WITH DISABILITIES
- TEACHING
- LEARNING
- HELPING AT CHILDREN'S EVENTS
- HELPING AT FUNDRAISING EVENTS

PERSONAL INFO

HAVE YOU EVER BEEN CONVICTED OF A CRIME? YES OR NO

IF YES, PLEASE EXPLAIN

VOLUNTEERING

PLEASE TELL US A LITTLE BIT ABOUT YOURSELF, HOW YOU HEARD ABOUT US AND HOW YOU WANT TO HELP OUT. (I.E., BEHIND THE SCENES, PRE-EVENT, POST-EVENT AND BELOW YOU CAN CHECK WHICH EVENT YOU ARE INTERESTED IN HELPING OUT AT)

EVENTS

- GOLF TOURNAMENT
- JOYFUL FOOTSTEPS
- CHRISTMAS TREE TRADITIONS
- POLINSKY SHOPPING SPREE
- BLUE APPLE RANCH CLINICS / FESTIVITIES



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WAIVER

FOR ADULT VOLUNTEERS OR PARENTS OF JUNIOR VOLUNTEERS: PLEASE READ THIS INFORMATION AND SIGN YOUR CONSENT IF YOU ACCEPT THESE TERMS.

In the event of an emergency, I hereby give the Toby Wells Foundation permission to seek medical attention for myself or my child (if applicant is under 18). I give permission for the Toby Wells Foundation to photograph me or my child for use in any Foundation publication, educational or advertising purposes the Foundation may designate. I acknowledge and understand that as a volunteer of the Toby Wells Foundation, I, or my child (if applicant is under 18) are not covered by the Toby Wells Foundation's workers compensation or any other insurance policy for any damages or injuries I, or my child, may sustain during volunteer activities.

SIGNATURE

JUNIOR APPLICATIONS WILL NOT BE ACCEPTED WITHOUT PARENTAL OR GUARDIANS SIGNATURE ON THE WAIVER.

I have read, understand and agree to all of the above information. I certify that the information provided here is accurate and complete. I authorize reference and employment verification and background checks as necessary for specific events.

VOLUNTEER, OR IF UNDER 18 YEARS, PARENT OR GUARDIAN SIGNATURE

DATE

PLEASE MAIL OR FAX COMPLETED APPLICATION TO:

TOBY WELLS FOUNDATION
POST OFFICE BOX #519
POWAY, CA 92074
FAX: (858) 391-2973