



## VOLUNTEER APPLICATION

First Name \_\_\_\_\_ Middle \_\_\_\_\_ Last Name \_\_\_\_\_

Address \_\_\_\_\_

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

Home Phone \_\_\_\_\_ Cell/Pager \_\_\_\_\_

Employer \_\_\_\_\_ Work Phone \_\_\_\_\_

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

Emergency Contact Name \_\_\_\_\_ Phone \_\_\_\_\_

Gender: \_\_\_\_\_ Birth Date and Year \_\_\_\_\_

What is your occupation? \_\_\_\_\_ Are you a golfer? \_\_\_\_\_

**How did you hear about us?**

- |                          |                 |                          |   |
|--------------------------|-----------------|--------------------------|---|
| <input type="checkbox"/> | First Tee Event | <input type="checkbox"/> | Friend/Family   |
| <input type="checkbox"/> | Newspaper       | <input type="checkbox"/> | Company/ Professional Affiliation                       |
| <input type="checkbox"/> | Web Site        | <input type="checkbox"/> | Live near or golf at a First Tee participating facility |
| <input type="checkbox"/> | TV              | <input type="checkbox"/> | Other - please specify below ...                        |

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**Please describe any previous volunteer experience with a youth group or youth agency?**

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**Why are you interested in volunteering for the First Tee of South Central Wisconsin?**

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**What qualities do you feel you have that would enable you to help another person to develop life skills?**

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**Course and day schedule for summer 2019. Please indicate your tentative choice.**

- Monona Golf Course-Monday
- Glenway Golf Course-Tuesday
- Substitute List (available 4 or fewer days)

**References (two unrelated individuals who are well acquainted with you):**

Name _____	Name _____
Phone _____	Phone _____
Relationship: _____ (i.e. supervisor, teacher, etc.)	Relationship: _____ (i.e. supervisor, teacher, etc.)

**By signing below, I certify that all information provided is true. I also hereby authorize the First Tee of South Central Wisconsin to conduct a criminal history background check and contact my references listed in this application.**

_____	_____
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Signature

Date

**Please mail completed First Tee Volunteer Application form and State of Wisconsin Background Information Disclosure (BID) form to:**

**The First Tee of South Central Wisconsin  
AJ Kriha, Program Director  
5501 Schroeder Road, Suite 100  
Madison, WI 53711**

***If you have questions, please contact Tom Ferris, First Tee Volunteer Coordinator at [tjferris1950@gmail.com](mailto:tjferris1950@gmail.com)***