

Volunteer Application Form

 $\textbf{*Please email completed applications and any questions to } \underline{info@moveonupms.org}.$

		
Name: first		last
Address:		
City, State, Zip:		
Home:	Calle	
	Cell: Age:	
Eman;		Age:
In case of an Emergency, Co	ntact:	
Name:	Phone number:	
 Long term volunteer Unsure Are you interested in volunte As an individual As an individual & part of a As part of a group 		plicable circle)
What days/times are you ava	nilable to volunteer? (Circle all that apply)
Sun. Mon. Tues. Wed.	Thurs. Fri. Sat.	
Sun. Mon. Tues. Wed. Mornings Afternoons E Preferred Start Date: ○ ASAP ○ Date:		Program of Interest: ○ OBFA (May 20th - May 24th) ○ Field Day (TBD - Summer 2020

How did you hear about MOUMS and its volunteer program?			
List Any Previous or Current V Organization	Volunteer Experience: Position/Major Responsibility		
1		From: To:	
Related Work Experience			
Please describe any paid or vol	unteer/internship work experienc	e you have had that might relate to you	r
interest in volunteering at Mov		v 8 v	
Please list two (2)references (n	ot related to you):		
1.Name:			
Address:			
Phone:	eference?		
Thow long have you known this i	eletence!		
2.Name:			
Address:			
How long have you known this r	eference?		
The Wilding May of Garmie Will amb I			
How do you hope to benefit fro	om this experience?		
What is your preferred method	l of contact?		
Via emailVia phone			
o via piione			
Would you be interested in bei upcoming events? • Yes	ng a part of an email database tha	nt will update you on MOUMS and its	

o No



PHOTO RELEASE	
□ I DO	
□ I DO NOT	
consent to and authorize the use and reproduction b for promotional material, educational activities, exh With respect to the foregoing matters, no induceme	y MOUMS of any and all photographs and any audio-visual materials taken of me hibitions and digital displays or for any other use for the benefit of the program. Into or promises have been made to secure this signature to this release other than Into the photographs, films, and pictures for the primary purpose of promoting
Volunteer Signature:	Date:
agree to and accept all of the provisions of the foreg Applicant and my doing so legally binds the Applic	dian of the Applicant whose signature appears above. On behalf of the Applicant, I going Photo Release. I am authorized to sign this Statement on behalf of the cant as if he or she were not a minor.
MOUMS CONFIDENTIALITY C	ONTRACT
As an MOUMS volunteer, I understand that any inf	Formation regarding a student and the student's family is to remain confidential. al information. In addition, I will immediately report to the instructor/program
Volunteer Signature:	Date:
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SOCIAL MEDIA POLICY In the area of social media (print, broadcast, digital Volunteers:	and online), the following guidelines apply in the use of social media for our
1. Should you decide to create a personal blo blog are the author's alone and do not represent the	
 3. Your online presence can reflect on MOUI images can affect the image of MOUMS. 4. Do not use any MOUMS logos or tradema 	MS. Be aware that your comments, posts or actions captured via digital or film
I hereby confirm that I have read and understand the	e Social Media policy of Move On Up, Mississippi.
Volunteer Signature:	Date:
	dian of the Applicant whose signature appears above. On behalf of the Applicant, I going Social Media Policy. I am authorized to sign this Statement on behalf of the

Applicant and my doing so legally binds the Applicant as if he or she were not a minor.

Signature of Parent/Guardian: ___