

General Information

Today's Date:	Date Available:	
Name:	Date of Birth:	
Street Address:	Gender:	
City:	State: Zip:	
Cell Phone:	Home or Work Phone:	
Email:	Best Way to Contact You:	
Language spoken: Primary	Other	
Marital Status:		
Spouse's Name:	Spouse's occupation:	
Children and Ages:		
Education		
Name of Last School Attended:		
Highest Grade or Degree Comple	ted:	
Major/Minor:		
Employment/Volunteer	Record	
Work Status: Full-time	art-time Retired Student	
Occupation:		
Former Occupation(s):		
	ers and any organizations where you have volunteered during the previous five ecent or present. Former employers/organizations may be contacted as	
For each organization, please cir	cle <u>Worked</u> or <u>Volunteered</u> , based on your role there.	
Name of Organization:		
Dates worked/volunteered:		
Job Description:		
Call Number:	Mark Number: Email:	

Name of Organization:		
Dates worked/volunteered:		
Supervisor Name:		
Cell Number:	Work Number:	Email:
Name of Organization:		
Dates worked/volunteered:		
Job Description:		
Cell Number:	Work Number:	Email:
Personal Information		
How did you become intereste	ed in ScholarShot and why wou	ld you like to volunteer?
		
Education or other talents/skil volunteer work:	ls/interests/strengths that you	believe may be helpful to your ScholarShot
Personal References:		
Cell Number:	Work Number:	Email:
Relationship:	How long have you known this person:	
Name:		
Cell Number:	Work Number:	Email:
Relationship:	How los	ng have you known this person:

Spiritual Background

ScholarShot is an organization that is founded on Christian principles, and we believe in the power of prayer. Faith in Christ is preferable for those who desire to mentor ScholarShot Scholars. Please describe your relationship with Jesus Christ:		
Church Reference		
Your Church's Name:	How Long Have You Attended:	
How Are You Involved At Your Church, including	Activities and Service Positions:	
Pastor's Name:	Work Number:	
Criminal Record		
Have You Been Convicted of any Criminal Offens	se in the Last Seven Years:	
By submitting This Form, I Agree to the Followin	g:	
I understand that no part of my personal inform Inc.	ation will be used by any other organization than ScholarShot,	
this form. I agree to release from liability any understand and agree that ScholarShot, Inc., r criminal history (if any). I release ScholarShot fro information will be used to determine my eligible.	ed may be verified, if necessary, by contacting persons named in person or organization that provides such information. I also may do further background checks on my personal driving and any responsibility of doing such a check. I understand that this bility for a volunteer position. I also understand that as long as I are driving and criminal background history record checks at any formation I have given is true and correct.	
Complete the <u>background check</u> by clicking the	link.	
Signature:	Date:	