



## Real Men Charities, Inc. Volunteer Application Form

7425 S. Michigan Ave. | Chicago, IL 60619 | 773.651.8008 ext. 5 |  
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Please List the City in which you would like to volunteer below.

\_\_\_\_\_

Thank you for taking the time to apply to volunteer for Real Men Charities, Inc. Please fill out this application to the best of your ability. If you have any questions, please contact us.

\_\_\_\_\_ Date: \_\_\_\_\_  
Last Name                      First Name                      Middle Initial

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

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

Home Phone: \_\_\_\_\_ Personal Email: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Work Address: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Work Email: \_\_\_\_\_

Position: \_\_\_\_\_ Time in Current Position: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Birthday \_\_\_\_\_

What is your preferred method of being contacted? \_\_\_\_\_

If licensed to practice a profession, please list the profession and the state in which licensed.

### **VOLUNTEER INTEREST**

What are your strengths (personality wise and work wise)?

How do you think you can best contribute to Real Men Charities, Inc.?

What type of time commitment can you make to Real Men Charities, Inc. on a weekly basis?

What type of experience do you have working with children?

Please list previous volunteer experience that would be helpful in working with Real Men Charities, Inc..

How did you hear about Real Men Charities, Inc.?

### **AVAILABILITY**

Approximately how much time do you feel you could volunteer?

What type of programming or services would you be willing to help with (cooking, health marketing, sampling, other)?

What classes would you be available to help with?

Do you have any special skills or services you feel you could provide to Real Men Charities, Inc.?

### **REFERENCES**

Personal or professional references

1. Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

2. Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

### **EMPLOYMENT HISTORY**

**Previous Employer #1**

Company Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Position: \_\_\_\_\_ Dates of Employment: \_\_\_\_\_

**Previous Employer #2**

Company Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Position: \_\_\_\_\_ Dates of Employment: \_\_\_\_\_

**EMERGENCY CONTACT INFORMATION**

**Primary Contact:** Individual to be notified in case of emergency:

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

Address: \_\_\_\_\_ Phone #1: \_\_\_\_\_ Phone #2: \_\_\_\_\_

**Secondary Contact:** Individual to be notified in case of emergency:

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

Address: \_\_\_\_\_ Phone #1: \_\_\_\_\_ Phone #2: \_\_\_\_\_

**THE ABOVE INFORMATION IS ACCURATE AND CORRECT TO THE BEST OF MY KNOWLEDGE.**

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

YOUR SIGNATURE INDICATES YOUR APPROVAL FOR US TO CHECK YOUR REFERENCES. THE ORGANIZATION IS NOT OBLIGATED TO PROVIDE A PLACEMENT, NOR ARE YOU OBLIGATED TO ACCEPT THE POSITION OFFERED. OPPORTUNITIES FOR VOLUNTEERS ARE PROVIDED WITHOUT REGARD TO RELIGION, CREED, RACE, NATIONAL ORIGIN, AGE OR SEX.

*Thank you for your interest in volunteering at Real Men Charities, Inc.!*



## Volunteer and Instructor Agreement

I, \_\_\_\_\_, agree that as a volunteer or instructor, it is my job to support the mission and purposes of Real Men Charities, Inc. It is not possible to list all items of agreement. Realizing this, I agree to this partial list and all that is reasonably necessary to comply with this list:

1. My specific tasks as a Real Men Charities, Inc. volunteer will include (but are not limited to) all that is outlined in the volunteer procedures manual, which I have received and reviewed.
2. I have read and reviewed the Volunteers Procedures Manual.
3. I will report any problems or concerns to the Executive Director or Associate Executive Director.
4. I will comply with the organization's rules set fourth by Real Men Charities, Inc. and I will serve in a professional and respectful manner.
5. I will be on time, and will call the Associate Executive Director as far in advance as possible if I cannot attend.
6. I will serve as a positive role model for youth and set a good example for their actions and behavior.
7. I will abide with policies of the organization, especially with regard to confidentiality.
8. The work I will do should be worthwhile and challenging. I can expect clear instruction and an appropriate level of supervision.
9. If for any reason I fail to abide by the rules and agreements outlined by the organization or fail to provide adequate services to Real Men Charities, Inc., I am subject to possible dismissal. All problems will be discussed prior to any conflict resolution.
10. I will consistently exhibit a professional manner to the Real Men Charities, Inc. staff, the children participants, other volunteers, and the public.
11. I will welcome all youth, their families, and other volunteers to participate in the program regardless of age, color, disability, national origin, race, religion, gender, sexual orientation, marital status, or veteran's status.
12. I understand and acknowledge that I will be assisting children in, among other tasks, cutting with knives, using a stove, coming in contact with hot items, and using electrical equipment, including, but not limited to, electric mixers and food processors. I understand these risks and accept responsibility for myself and waive any rights I have for an action against Real Men Charities, Inc. if an injury occurs during my service.
13. I understand that as a volunteer working with children and / or youth, I am subject to a thorough background check including criminal history and fingerprinting. I will undergo the screening process as directed.
14. I have never been alleged or been convicted of any crime against any child.

I have read and understand this volunteer agreement. I agree to abide by the conditions and behavioral expectations of this document. I understand that my failure to comply with these expectations may result in my termination as a Real Men Charities, Inc. volunteer.

I hereby agree to begin serving as a Real Men Charities, Inc. volunteer or instructor during the following session. This agreement remains viable during all subsequent affiliation with Real Men Charities, Inc., and I will update Real Men Charities, Inc. with any changes in contact information.

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

Executive Director: \_\_\_\_\_ Date: \_\_\_\_\_



## Waiver/Release/Indemnification Agreement

The undersigned warrants that he/she is a resource participant over the age of 18 and is planning to attend the Real Men Charities, Inc. cooking class and freely makes the following agreement:

I further agree to save, indemnify, defend and hold harmless **Real Men Charities, Inc.**, their agents, servants, employees and insurers from any and all claims, causes of action or demands of any nature asserted by any third party, other adult resource person/participant, teacher/school representative, student, parent, organization, or entity of any nature for any damage or injury to persons or any property caused by my acts, inaction or negligence.

I understand and agree that the **Real Men Charities, Inc.**, their agents, servants, insurers and employees do not assume any liability for loss or damage to any personal property owned by me, and I waive any claim against and release the **Real Men Charities, Inc.**, their agents, servants, insurers, and employees from any or for any such loss or damage, regardless of the cause thereof.

I also waive any claim against **Real Men Charities, Inc.**, their agents, servants, insurers and employees, and hereby release them from any claim, cause of action or demand I may have arising out of or in connection with any personal injury or bodily injury, death or property damage which I may sustain during the Program and I agree to indemnify, save and hold harmless the **Real Men Charities, Inc.**, their agents, servants, insurers and employees from any claim, demand or cause of action of whatsoever nature or kind asserted by me or on my behalf for any personal or bodily injury, death or property damage sustained by me, including but not limited to any such claim, demand or cause of action arising out of or in any way connected to or resulting from travel to and from the Program, participation therein, food and lodging during the Program.

The undersigned agrees that this document has been read and fully understood, including the terms, conditions, releases and waivers set forth. The undersigned further agrees to give any other necessary permission forms, waiver/release forms and other documentation executed by me and requested by the sponsors as necessary to comply with the provisions of this agreement.

Dated the \_\_\_\_\_ day of \_\_\_\_\_, 2009.

\_\_\_\_\_  
Adult Resource Person/Participant (PRINT)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Address City State Zip Phone



## Background Report Authorization Form

**\*\*\*\* PLEASE NOTE THIS FORM SHOULD BE TAKEN TO THE FINGERPRINTING OFFICE NOT RETURNED TO COMMON THREADS. \*\*\*\***

I hereby certify that I have received and read the Fair Credit Reporting Act Disclosure Statement provided to me and that I understand the disclosure statement. I hereby authorize Real Men Charities, Inc. and their agents to obtain and review the "investigative consumer report" on me described in the disclosure statement.

I release Real Men Charities, Inc. and their agents from all liability or claims of any kind that I may have arising from the "investigative consumer report," the information it contains or the investigation from which such information is compiled. I further release all persons or entities from liability or claims that I may have arising from the furnishing of any information contained in the "investigative consumer report."

Please call Argus Services, Inc. to make a screening appointment – 312.922.6766. They are located at 123 W. Madison Suite 1650 in Chicago, IL 60602. Please bring this form and a valid photo I.D. to the screening.

The following is my true and complete legal name and all information is correct.

PLEASE PRINT LEGIBLY – Indicate all residences for the past seven years

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Last Name	First Name	Middle Name
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Maiden Name or other names used

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Date of Birth*	Social Security Number	Driver's License and State
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Present Address	City	State	County	Zip	How long?
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Former	City	State	County	Zip	How long?
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Former	City	State	County	Zip	How long?
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Former	City	State	County	Zip	How long?
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Signature	Date
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\* This information is required for identification purposes only and is in no manner used as qualifications for volunteering or employment. Real Men Charities, Inc. is an Equal Opportunity Employer and does not discriminate on the basis of Sex, Race, Religion, Age, Handicap or National Origin