



2021 Volunteer Application Form

INFORMATION:

Name: _____ Date: _____

E-Mail Address: _____

Address: _____
Street, City, State, Zip

Cell Phone: _____ Text: Yes / No Alternate Phone: _____

Work Phone Number (_____) _____ Date Of Birth: ____/____/____

Can you be called at work? Y or N

Occupation: _____ Employer/School: _____

VOLUNTEER EXPERIENCE AND INTEREST:

Present or previous volunteer affiliations or experience:

How would you like to help? (check all that apply)

____ Coaching ____ Tournaments ____ Public Relations ____ Fundraising ____ Office Support

At which Location would you like to volunteer? (check all that apply)

____ Washington Golf Course (Newburgh Heights) ____ Briardale Greens (Euclid)
____ Grantwood Golf Course (Solon) ____ Meadowood Golf Course (Westlake)
____ Black Brook Golf Course (Mentor)

Tell us about your golf experience:

List any special skills, licenses or training that would be valuable to our program:

PGA or LPGA teaching professional? If yes, what level? _____

Other skills/training:

What is your availability? (circle any) Weekday Evening Saturday

Please state briefly what interests you about volunteering with us:

EMERGENCY CONTACT INFORMATION:

Contact Name: _____ Relationship _____

Emergency Contact Ph #: (____) _____ (____) _____

Please answer:

- 1. Do you use illegal drugs? Yes or No
- 2. Have you been convicted of a crime other than a minor traffic offense? Yes or No
- 3. Has your driver’s license been suspended or revoked in any state? Yes or No

If you answered yes to any of the above questions, please provide a written explanation with this application. Answering yes to any of the above questions does not necessarily preclude you from participation as a volunteer. The offense and how recently you were convicted will be evaluated in relation to the volunteer position for which you are applying. We do not accept applicants who have been guilty of any type of assault; crimes against children; arson; possession, or use of any drug; or sex related crimes.

REFERENCES:

Please list two references who you are not related to:

Name: _____

Name: _____

Relationship: _____

Relationship: _____

Best phone # to contact: _____

Best phone # to contact: _____

I certify that I have given true, accurate and complete information on this form to the best of my knowledge. Any false information or omission may be grounds for rejecting my application or volunteer status. I agree to apply for a background check in order to serve as a FTC volunteer.

Applicant’s Signature: _____ Date: _____

Submit your completed application to:

**Brian McFarland, Program Director
First Tee – Cleveland
3841 Washington Park Blvd.
Newburgh Heights, OH 44105**

**Email: bmcfarland@firstteecleveland.org
Phone: 216.641.7799**

How did you hear about us?

Email _____ Social Media _____ Media _____ Friend / Family _____ Current Volunteers _____

Website _____ School Outreach Program _____ Other _____

www.firstteecleveland.org