



COOL GIRLS, INC

Dedicated to the self-empowerment of girls in low-income communities
100 EDGEWOOD AVENUE • SUITE 1030 • ATLANTA, GA 30303
TEL (404) 420-4362 FAX (404) 420-4366

It is Cool to volunteer! Thank you for you commitment and dedication to Cool Girls!

Please print clearly.

Name _____ Birth Date _____ Age _____
 Address _____ Race _____
 City _____ State _____ Zip _____ County _____
 Phone (H) _____ (W) _____ (C) _____
 E-Mail (1) _____ E-mail (2) _____
 Employer _____ Occupation _____

Educational Background

Please list the name and location of all schools attended and degree(s)/diploma(s) attained.

| School: | Degree(s) and/or Diploma(s): | Year: |
|---------|------------------------------|-------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

Availability

Please indicate the times that you are available to volunteer. Be advised that most volunteer opportunities, other than the Cool Sisters Program, take place during after-school hours Monday thru Friday and Saturdays.

| SUN | MON | TUE | WED | THU | FRI | SAT |
|-----|-----|-----|-----|-----|-----|-----|
| | | | | | | |

Volunteer History

Have you previously volunteered with Cool Girls? Y / N
 If yes, when? _____ In what capacity or program?
 Do you have experience with children? Y / N
 If yes, please explain:
 Please list any prior or current volunteer experience.

Areas of Interest or Expertise

Please indicate if you have any special skills or experience in the following:

| | | |
|---|--|--|
| <input type="checkbox"/> Art & Crafts | <input type="checkbox"/> Etiquette | <input type="checkbox"/> Program Development |
| <input type="checkbox"/> Public Relations | <input type="checkbox"/> Fundraising | <input type="checkbox"/> Music/Drama |
| <input type="checkbox"/> Cultural Awareness | <input type="checkbox"/> Counseling | <input type="checkbox"/> Graphics/Printing |
| <input type="checkbox"/> Sports | <input type="checkbox"/> Computer Technology | <input type="checkbox"/> Business |

Cool Girls Programs

Please indicate which Cool Girls Programs you are of interest to you.

| | |
|---|--|
| <input type="checkbox"/> Cool Girls Club (after-school program) | <input type="checkbox"/> Cool Sisters (one-to-one mentoring program) |
| <input type="checkbox"/> Empower Me Summer Camps | <i>Are you interested in working with or mentoring</i> |
| <input type="checkbox"/> Field Trips or Special Events | <i>Elementary School (ages 9-11) or Middle School (ages 11-13)?</i> |

For Office Use Only:

Training: ___/___/___ CBC: ___/___/___ Start Date: ___/___/___ Placement: _____
 Cool Sisters: Match Date: ___/___/___ Cool Girl: _____ School: _____

| Background Information | Yes | No |
|--|------------------------------|-----------------------------|
| Do you have a valid driver's license? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Do you own a motor vehicle? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| If yes, do you have auto insurance? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Has your driver's license ever been suspended or revoked? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Have you ever been convicted of a criminal offense? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Do you use illegal drugs? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Have you ever been charged with child neglect or abuse? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Other than the above, is there any fact or circumstance involving you or your background that would call into question your being entrusted with the supervision, guidance and care of children/adolescents? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <i>If you answered yes to any of the above, please explain:</i> | | |

Auto Insurance Verification

Cool Girls volunteers must carry auto insurance in the amount required by the state. This is mandatory in order to provide excess auto liability protection while in the course of Cool Girls agency activities.

Insurance Agency _____ Full Coverage or Liability _____
Insurance Agent Name _____ Phone _____

References

Please list at least (1) personal and (1) professional reference.

| | |
|--------------|--------------|
| Name _____ | Name _____ |
| E-mail _____ | E-mail _____ |
| Phone _____ | Phone _____ |

Emergency Contact Information

Please provide the name and number for at least (2) contacts in case of emergency.

| | |
|--------------------|--------------------|
| Name _____ | Name _____ |
| Relationship _____ | Relationship _____ |
| Phone _____ | Phone _____ |

Interview / Photo Release Statement

I hereby consent to and authorize the use of any information, quotes, photos and television images that are taken of me for purposes related to Cool Girls, Inc. and its programs. I understand that I will not receive payment for any photos, interviews or video taken of me. I also agree that my name may accompany quotes, photos or videos that are deemed appropriate by Cool Girls, Inc. Information may be stored in a digital format.

I do not consent to the use of any information, quotes, photos or television images.

Print Name _____ Signature _____ Date _____

Release of Liability

I understand that the information that I have provided may be verified, if necessary, by contacting persons or organizations named in this application, or by contacting any person or organization that may have information concerning me. I hereby release and agree to hold harmless from liability any person or organization that provides information. I also agree to hold harmless The Cool Girls, Inc. and all officers, employees and volunteers thereof. In signing this application, I affirm that the information I have given is true and correct.

Print Name _____ Signature _____ Date _____

Thank you for completing this application. Please mail or fax this form to:
Cool Girls, Inc ▪ 100 Edgewood Avenue ▪ Suite 1030 ▪ Atlanta, GA 30303
Tel: 404-420-4362 Fax: 404-420-4366



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Volunteer Criminal Background Check Authorization Form

Please print clearly. P.O. Boxes are not accepted for criminal background check purposes. List full name(s), address and phone numbers.

LAST NAME: _____ FIRST NAME: _____

MIDDLE NAME: _____ MAIDEN NAME: _____

DATE OF BIRTH: ____/____/____ SOCIAL SECURITY #: ____-____-____ SEX: ____

STREET ADDRESS: _____ APT: ____

CITY: _____ STATE: _____ ZIP: _____

DRIVER'S LICENSE #: _____

STATE DRIVER'S LICENSE WAS ISSUED: _____

I hereby authorize ChoicePoint Services Inc., on behalf of Cool Girls, Inc. to procure a as an investigative consumer report, which I understand may include information regarding my character, general reputation, or personal characteristics. This report may be compiled with information from courts record repositories, departments of motor vehicles, past or present employers and educational institutions, governmental occupational licensing or registration entities, business or personal references, and any other source required to verify information that I have voluntarily supplied. I understand that I may request a complete and accurate disclosure of the nature and scope of the background verification; to the extent such investigation includes information bearing on my character, general reputation, or personal characteristics.

PRINT NAME: _____ DATE: _____

SIGNATURE: _____ DATE: _____