



"Football is what I do, it's not who I am."

Volunteer Application/Agreement

Saturday Place – Tutoring Program

Name: * required

Address: * required

City: * required

State: ▼

Zip: * required

Phone #: * required

Email: * required

Employer: * required

Employer Address: * required

City, State: * required

Zip: * required

Education: * required

Are you bilingual? Yes No

If yes, enter languages you are fluent in:

Areas of interest:

Availability: Weekly
 Twice a month
 Once a month

Volunteer Agreement –

As a volunteer with Rashied Davis Charities (RDC), I understand I will be volunteering, either directly or indirectly, with minors who are being provided services through a youth tutoring program.

I understand that compliance with all of the requirements below is mandatory for volunteerism with RDC:

1. I understand that RDC has my permission to use my name and photographs of me to promote the organization.
2. I understand that I must carry my own health insurance. I will not hold RDC responsible for any unforeseen injuries or problems that may occur on the job.
3. I understand I may not initiate or engage in any media/public event pertaining to Saturday Place or RDC without the approval of RDC. Requests for media engagements will be referred directly to the RDC President or Executive Director.
4. I will not abuse, neglect, exploit, coerce or manipulate any minor left in my care while volunteering with RDC.
5. I understand that a background check will be required as a condition of me accepted as a volunteer with RDC.
6. I understand that the terms listed above are not all-inclusive and may be updated, as needed.

Signature: _____

Date: _____



"Football is what I do, it's not who I am."

AUTHORIZATION FOR USE OF PHOTO, VIDEO AND LIKENESS

I, (printed name) _____ do permit and authorize Rashied Davis Charities and its employees, agents, and personnel who are acting on behalf of the charity to use my photograph or other likeness for purposes related to the educational mission of the charity, including publicity, marketing, and promotion of the charity and its various programs. I understand my photograph or likeness may be copied and distributed by means of various media, including video presentations, television, news bulletins, mailouts, billboards or signs, brochures, placement on Rashied Davis Charities or National Football League websites, or newspapers.

I understand that, although Rashied Davis Charities will endeavor to use my photograph or likeness in accordance with standards of good judgment, the Charity cannot warranty or guarantee that any further dissemination of my photograph or likeness will be subject to charity supervision or control. Accordingly, I release the charity from any and all liability related to dissemination of my photograph or likeness.

I have read this document and understand its contents.

Name (Printed) _____
Date

Signature _____
Date

Signature of Rashied Davis Representative _____
Date

Emergency Contact Information

Name: _____

Home Address: _____

Home Phone: _____ Cell Phone: _____

Alternative Email Address: _____

Primary Emergency Contact

Name: _____

Relationship to Contact: _____

Daytime Phone _____ Evening Phone: _____

Secondary Emergency Contact

Name: _____

Relationship to Contact: _____

Daytime Phone _____ Evening Phone: _____

Other Information

Allergies (Food, Insects, Etc.): _____

Current Medications: _____

Medical Contact Info

Doctor Name. _____

Phone # _____

I have voluntarily provided the above contact information and authorize Rashied Davis Charities and its representatives to contact any of the above on my behalf in the event of an emergency.

Signature _____ Date _____

I choose not to furnish any emergency contact information to Rashied Davis Charities at this time.

Signature _____ Date _____

BACKGROUND INVESTIGATION INFORMATION

CLIENT: _____ DATE: _____

FROM (PERSON): _____

AGENCY PHONE #: _____ FAX #: _____

NAME:
First _____ Middle _____ Last _____

HAVE YOU EVER BEEN KNOWN BY ANY OTHER NAME(S)?
IF SO, PLEASE INDICATE: _____

INCLUDE ALL PAST ADDRESSES TO COVER 5 YEARS

PRESENT ADDRESS: _____ How Long _____
Street City State Zip

PAST ADDRESS: _____ How Long _____
Street City State Zip

PAST ADDRESS: _____ How Long _____
Street City State Zip

PAST ADDRESS: _____ How Long _____
Street City State Zip

DRIVER LICENSE NUMBER _____ STATE OF ISSUE _____

DATE OF BIRTH: _____ SOCIAL SECURITY #: _____

*This information will only be used as necessary to retrieve consumer information and/or verify the identity of a consumer, and will not be used for any other purpose.

I AUTHORIZE GOLD & ASSOCIATES TO INVESTIGATE MY CRIMINAL RECORDS AND AUTHORIZE A CHECK OF THE SEX OFFENDER PUBLIC RECORD DATABASES.

SIGNATURE: _____ DATE: _____