

**2859 Paces Ferry Road, Ste. 600
Atlanta GA 30339
Tele (404) 574-6763
Fax (404) 574-6784**

Volunteer Application

Thank you for your interest in supporting the nsoro Educational Foundation. Since 2005 we have focused our efforts to create a circle of support to enrich the lives of children who have emancipated from foster care. The foundation provides critical financial support for our students to matriculate on to college or trade school. To insure the success of our students we thoughtfully match each nsoro scholar with an adult volunteer to provide mentoring and practical advice to see our students through to degree completion. With your generous support we can changes lives, once scholar at a time.

NAME _____
ADDRESS _____
DATE OF BIRTH _____
PHONE (H) _____ (W) _____ (C) _____
EMAIL ADDRESS _____
EMPLOYER _____ OCCUPATION _____
EMPLOYER ADDRESS _____
HOW LONG _____ IF LESS THAN 2 YEARS NAME OF PREVIOUS EMPLOYER _____
VOLUNTEER EXPERIENCE WITH DIRECT CLIENT CONTACT NAME OF ORGANIZATION _____ _____ _____
LENGTH OF SERVICE _____
BACKGROUND QUESTIONS HAVE YOU EVER BEEN CONVICTED OF A CRIME _____
DO YOU USE ILLEGAL DRUGS _____
HAS YOUR DRIVER'S LISCENSE EVER BEEN SUSPENDED OR REVOKED _____
REFERENCES (PLEASE PROVIDE THREE) NAME; ADDRESS AND TELEPHONE _____ _____ _____

VOLUNTEER RELEASE

PHOTO RELEASE

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 THE NSORO FOUNDATION AND ITS SCHOLARSHIP 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 MY QUOTES, PHOTOS OR VIDEOS THAT ARE USED TO PROMOTE PROGRAMS OF THE NSORO FOUNDATION.

PRINT NAME _____ SIGNATURE _____ DATE _____

RELEASE OF LIABILITY

I UNDERSTAND THAT THE INFORMATION THAT I HAVE PROVIDED WILL BE VERIFIED, INCLUDING A PROFESSIONAL BACKGROUND SEARCH AND REFERENCE CHECK BY CONTACTING THE ORGANIZATIONS LISTED ON MY APPLICATION. I HEREBY RELEASE AND HOLD HARMLESS FROM LIABILITY ANY PERSON OR ORGANIZATION THAT PROVIDES INFORMATION. I AGREE TO HOLD HARMLESS ALL EMPLOYEES, OFFICERS AND VOLUNTEERS OF THE NSORO FOUNDATION. MY SIGNATURE ON THIS APPLICATION AFFIRMS THAT THE INFORMATION PROVIDED BY ME IS TRUE AND CORRECT.

**PRINT
NAME _____ SIGNATURE _____ DATE _____**