



Volunteer Application

A COPY OF A VALID GOVERNMENT ISSUED PHOTO IDENTIFICATION MUST BE ATTACHED TO COMPLETE THIS APPLICATION

Thank you for considering With These Hands Mix Academy as a place to donate your time and talents. Volunteers are vital to With These Hands Mix Academy. Without them, we wouldn't be able to meet the needs of our youth who live in the communities of Charlotte, North Carolina. At With These Hands Mix Academy, we know that your time and talents are precious, and we want every minute you spend with us to be worthwhile. That's why we are asking you to take a few minutes to complete this application. It will help us to begin to make the right match between your skills and interests and the opportunities available. You may email or fax your completed application to:

LaShawn Walls, Volunteer Coordinator
With These Hands Mix Academy
366 George Liles PKWY NW, PMB 150
Concord, NC 28027
lashawn@watcsports.com

Our Mission

Our mission is to offer youth ages 12-18 years old a fresh approach to learning through digital music creation. The program provides youth with conflict resolution education, entrepreneurial experiences, academic accountability and service projects through regular program meetings.

Today's Date: _____(Month/Day/Year)

PERSONAL INFORMATION

Full Legal Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: Day _____ Evening _____ Cell _____

How long have you been at this address: _____

Please list your last two addresses (excluding your current address) starting with the most recent:

1. _____

Street Address	City	State	Zip
From when to when? (include month and year) _____			
2. _____

Street Address	City	State	Zip
From when to when? (include month and year) _____			



Volunteer Application

VOLUNTEER OPPORTUNITIES DESIRED

Area of Interest:

Street Team Parent Partners Fundraising Instructing Events

Other: _____

Are you currently employed? Yes No

If yes, may we contact your present employer? Yes No

Have you ever volunteered or worked for With These Hands Mix Academy? Yes No

If yes, please specify date and area of volunteering _____

Do you have children within the program? Yes No

If yes, please list full name(s) _____

EMPLOYMENT DATA

Please list your last three employers, starting with the most recent:

1. Name of Organization: _____

Employed from when to when? (include month and year) _____

Address: _____

Business Phone: _____

State/Job Title/Occupation: _____

Name and title of supervisor: _____

May we contact? Yes No

2. Name of Organization: _____

Employed from when to when? (include month and year) _____

Address: _____

Business Phone: _____

State/Job Title/Occupation: _____

Name and title of supervisor: _____

May we contact? Yes No

3. Name of Organization: _____

Employed from when to when? (include month and year) _____

Address: _____

Business Phone: _____

State/Job Title/Occupation: _____

Name and title of supervisor: _____

May we contact? Yes No



Volunteer Application

EDUCATION AND TRAINING

Formal education is not required to be a volunteer. We welcome experience of all kinds!

	Name and Location	Course of Study	Start and End Dates	Did you graduate?	Degree or Diploma
Elementary					
High School					
College					
Other					

Highest Degree Earned:
 High School Associate Bachelor Masters Certification

Other Skills (caring for children, languages, etc.) _____

REFERENCE DATA

Please list three people besides relatives and employers whom you have known for at least 5 years and who knows you well enough to provide us with a reference.

1. Name: _____

Address: _____

Phone: _____ Relationship to you: _____

2. Name: _____

Address: _____

Phone: _____ Relationship to you: _____

3. Name: _____

Address: _____

Phone: _____ Relationship to you: _____

Please list the names of relatives, friends, or acquaintances employed by With These Hands Mix Academy and their relationship to you. _____



Volunteer Application

PERSONAL INFORMATION

Are you 18 years of age or over? Yes No

Do you have a valid driver's license or state issued identification? Yes No

Driver's License or State Issued ID #: _____ State: _____

Have you ever been convicted of or plead guilty to any crime(s): Yes No

If yes, please explain: _____

Are there any criminal charges pending against you regarding any crime(s) involving or against a minor? Yes No

If yes, please explain: _____

Have you ever been convicted for child abuse or sex-related crimes? Yes No

If yes, please explain: _____

Within the past 5 years, have you been convicted of, or ended a period of incarceration resulting from, a conviction for a misdemeanor other than first convictions for drunkenness, simple assault, speeding, a minor traffic violation, an affray, or disturbing the peace?

Yes No

If yes, please explain: _____

AS A CONDITION OF VOLUNTEERING, I give permission for With These Hands Mix Academy to conduct a background check on me, which may include a review of sex offender registries, child abuse and criminal history records. I understand that if appointed, my position is conditional upon With These Hands Mix Academy receiving no inappropriate information on my background. I hereby release and agree to hold harmless from liability With These Hands Mix Academy, WATC Sports, the officers, employees and volunteers thereof, or any other person or organization that may provide such information. I also understand that, regardless of previous appointments, With These Hands Mix Academy is not obligated to appoint me to a volunteer position. If appointed, I understand that, prior to the expiration of my term; I am subject to suspension by the CEO and removal by the Board of Directors for violation of With These Hands Mix Academy policies and principles.

Applicant Signature: _____ **Date:** _____

Applicant Name (please print or type) _____

NOTE: With These Hands Mix Academy will not discriminate against any person on the basis of race, creed, color, national origin, marital status, gender, sexual orientation or disability.



Volunteer Application

WITH THESE HANDS MIX ACADEMY USE ONLY:

Volunteer background check received by _____
on _____

Applicant received background check from which organization:

- County Police Department Sex Offender Registry
 Criminal History Records Other: _____

Attach all documentation to this application:

___ Driver's License/State Issued Identification ___ Background Check
___ Convictions ___ Other _____