

Rightturn.Club Mentor Application



Rightturn.Club
MENTOR LED FITNESS

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A Program of Kiwanis
Club of Amador County

Last Name _____ First Name _____ Middle Name _____

Name of School You Are Interested In _____ Date of Birth _____

Home Street Address _____ City, State, Zip _____

Home Telephone _____ Cell Phone _____

Email _____ Preferred Method of Contact _____

Educational Background Name of School, Dates Attended, Diploma/Degree _____

Employment History Name of Company, Position, Dates Worked, Employers for the last three years: _____

Community Service Agency, Position, Dates Volunteered _____

Availability for Rightturn.Club Mentor Volunteer Enter days of week available, and if you can give 2 hours each day for 10 weeks:

Preferred Days Circle all that you are available to volunteer: Monday/Wednesday or Tuesday/Thursday or Wednesday/Friday

Will your employer allow you to volunteer and make up time? _____

Are you retired, work part time or unemployed? _____

Are you a student? _____

What months are you available? _____

You will be required to be fingerprinted at a local police station prior to start date. Are you willing to do this? _____

Can you speak/write in another language? How fluent? _____

Do you anticipate any changes in the next year that may interfere with your ability to Volunteer? _____

Please Complete Other Side

Health Information. Please complete the health information below. Check all that apply and describe.

- ___ Allergies, Include Type, food, bee, etc. _____
- ___ Asthma _____
- ___ Diabetes _____
- ___ Heart Problem _____
- ___ Hemophilia _____
- ___ Other Health Concerns _____

If you are under 18: Parent/Guardian Consent

In the event of an illness or injury, I hereby authorize school officials on my behalf to obtain emergency transportation and treatment. I understand the school does not assume any financial responsibility for medical care or ambulance transportation in case of emergency. A Student Accident Policy is available to all students for a nominal fee. My signature acknowledges that I understand and agree with the consent information above and that the information provided is complete and accurate.

Signature of Parent/Guardian _____ Date _____

As a parent/guardian, I grant permission for my child to participate in Rightturn.Club activities. I also grant permission to use/publish my child's photograph, video, quotes or written statements for Rightturn.Club promotional purposes.

I, _____ (parent/legal guardian) hereby consent to the use of my child's oral and written statements and the use of their photograph(s) by Rightturn.Club Mentoring Program. I hereby release Rightturn.Club and Kiwanis Club, and its agents and employees, from all claims, demands, liabilities whatsoever in connection with the above consent.

Signature of Parent/Guardian _____ Date _____

If you are an adult: My Consent

In the event of an illness or injury, I hereby authorize school officials on my behalf to obtain emergency transportation and treatment. I understand the school does not assume any financial responsibility for medical care or ambulance transportation in case of emergency. My signature acknowledges that I understand and agree with the consent information above and that the information provided is complete and accurate.

My Signature _____ Date _____

I grant permission to use/publish my photograph, video, quotes or written statements for Rightturn.Club promotional purposes.

I, _____ (Your Name) hereby consent to the use of my oral and written statements and the use of my photograph(s) by Rightturn.Club Mentoring Program. I hereby release Rightturn.Club and Kiwanis Club, and its agents and employees, from all claims, demands, liabilities whatsoever in connection with the above consent.

My Signature _____ Date _____

After receiving your application, the local Rightturn.Club Leader will contact you to schedule an interview. Thanks your interest.

Send to: Thomas Moraitis, Program Chairman, Rightturn.Club or the Rightturn.Club Leader _____