



Volunteer Application

Thank you for your interest in Volunteering with the Odyssey Golf Foundation. Please print legibly.

Name: _____ E-Mail: _____
First/Middle/Last

Address: _____ Phone: _____
Street

_____ Date of Birth: _____
City/State/Zip Month/Day/Year

Social Security Number: _____ - _____ - _____ Drivers License Number: _____

Occupation: _____

Employer: _____

Employer Address: _____

Special professional training, skills, hobbies: _____

Community affiliations (clubs, service organizations, etc.): _____

Previous volunteer experience: _____

Have you ever been convicted of, or pled guilty of no contest to a crime?: Yes No
Include all traffic violations that involved alcohol or drugs.

1. Conviction: _____ Misdemeanor Felony
Year _____ County _____ State _____

2. Conviction: _____ Misdemeanor Felony
Year _____ County _____ State _____

3. List any additional convictions here: _____

Have you ever been refused participation in any other volunteer programs?: Yes No

If yes, explain: _____



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In which of the following would you like to participate? (Check all that apply)

- Starter Driving Range Veteran Golf Chaperone Youth Golf Chaperone

Please list 3 character references. (Name/Phone)

1. _____
2. _____
3. _____

AS A CONDITION OF VOLUNTEERING, I give permission for Odyssey Golf Foundation, LLC. to conduct background check(s) on me now and as long as I continue to be active with the organization, 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 Odyssey Golf Foundation, LLC. receiving no inappropriate information on my background. I hereby release and agree to hold harmless from liability the Odyssey Golf Foundation, LLC., the employees and volunteers thereof, or any other person or organization that may provide such information. I also understand that, regardless of previous appointments, Odyssey Golf Foundation, LLC. 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 removal by Odyssey Golf Foundation, LLC. for violation of policies or principles.

Applicant Signature: _____ Date: _____

If Minor/Parent Signature: _____ Date: _____

Applicant Name (please print): _____

NOTE: The Odyssey Golf Foundation, LLC. will not discriminate against any person on the basis of race, creed, color, national origin, marital status, gender, sexual orientation, or disability.

In addition to the application, please include the following required information:

- Government issued photo identification

Return your application to us at proshop@odysseygolffoundation.org. You can also mail it or drop it off.

FOR OFFICE USE ONLY

Background check completed. Date: _____

Systems used (one must be checked): Sex Offender Registry Criminal History Records

Approved: _____
Board Representative/Executive Director

Only attach to this application copies of background check reports that reveal convictions of this applicant.