



**Friends of the Program  
Volunteer Application**

**Volunteer Opportunities**

*Please check (✓) all areas you would like to assist*

- Buffalo Adventures After School Program
- Phys Ed Class Curriculum Teacher Assistant
- Summer Camps
- Junior Golf Academy
- Tournament
- Wherever is needed

*Time(s) Available to Volunteer*

Start time: \_\_\_\_: \_\_\_\_ am pm End time: \_\_\_\_: \_\_\_\_ am pm

**Volunteer Information**

PLEASE PRINT LEGIBLY

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Email address: \_\_\_\_\_

Cell phone #: ( ) \_\_\_\_\_ - \_\_\_\_\_ Alternate phone #: ( ) \_\_\_\_\_ - \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_

Cell phone #: ( ) \_\_\_\_\_ - \_\_\_\_\_ Alternate phone #: ( ) \_\_\_\_\_ - \_\_\_\_\_

**Tell Us About Yourself**

Do you golf:  Yes  No If yes, your previous golf experience: *limited moderate extensive*  
(circle one)

Previous experience working with children:

\_\_\_\_\_  
\_\_\_\_\_

Special skills and/or abilities:

\_\_\_\_\_  
\_\_\_\_\_

Previous volunteer experience:

\_\_\_\_\_  
\_\_\_\_\_

*Volunteer support is a critical role in order for Junior Golf Foundation of The Villages and its programs. In keeping with the standards of excellence of the Foundation, all volunteers will receive training and undergo a background check prior to being able to work with the junior golfers within the Foundation's programs. By submitting this signed application, you acknowledge the risks and responsibilities associated with volunteering and waive, release, indemnify and hold harmless Junior Golf Foundation, The Villages and all subsidiaries from any claims resulting from my involvement as a volunteer.*

**Print Name:** \_\_\_\_\_ **Signature:** \_\_\_\_\_