

CONTACT INFORMATION

Salutation _____ First Name _____ Middle Initial _____ Last Name _____

Date of Birth: _____ / _____ / _____
Month Day Year

Mailing Address _____

City _____ State _____ Zip Code _____

Primary Phone: (_____) _____ Home Cell Work

Alternate Phone: (_____) _____ Home Cell Work

Email Address _____

Are you employed? Retired Unemployed Employed (If employed, complete information below.)

Company Name

Title

Please check the area(s) of your previous experience:

- | | | |
|--|--|---|
| <input type="checkbox"/> Business | <input type="checkbox"/> Law | <input type="checkbox"/> Sports |
| <input type="checkbox"/> Education/Teaching | <input type="checkbox"/> Medicine/Health | <input type="checkbox"/> Technology |
| <input type="checkbox"/> Finance | <input type="checkbox"/> Engineering/Construction | <input type="checkbox"/> Travel/Entertainment |
| <input type="checkbox"/> Government/Politics | <input type="checkbox"/> Sales/Retail | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Insurance | <input type="checkbox"/> Social Services/Nonprofit | |

Please check your highest level of education:

- | | |
|--|--|
| <input type="checkbox"/> Did not complete high school | <input type="checkbox"/> Completed a 2-year or 4-year degree |
| <input type="checkbox"/> Completed high school or GED | <input type="checkbox"/> Completed a graduate level degree |
| <input type="checkbox"/> Attended some college, but did not graduate | |

Do you prefer to work with children in: Elementary School Middle School High School

What times are you available to serve? Mornings Afternoons Evenings Weekends

How many hours are you willing to serve: Per week? _____ Per month? _____

VOLUNTEER HISTORY

Organization	Contact Person / Phone #	Length of Service

Please check the areas in which you are interested in volunteering:

AFRICAN-AMERICAN HISTORY	<input type="checkbox"/> Committee	<input type="checkbox"/> Site Leader	<input type="checkbox"/> Mentor
BEAUTILLION MILITAIRE	<input type="checkbox"/> Committee	<input type="checkbox"/> Mentor	<input type="checkbox"/> Speaker
FINANCIAL LITERACY	<input type="checkbox"/> Committee	<input type="checkbox"/> Coach	<input type="checkbox"/> Mentor <input type="checkbox"/> Speaker
MENTORING	<input type="checkbox"/> Committee	<input type="checkbox"/> Mentor	
SCHOLASTIC SPORTS	<input type="checkbox"/> Committee	<input type="checkbox"/> Coach	<input type="checkbox"/> Mentor <input type="checkbox"/> Referee
SUMMER ACADEMY	<input type="checkbox"/> Committee		
OTHER COMMITTEES:	<input type="checkbox"/> Audit Committee	<input type="checkbox"/> Membership Committee	
	<input type="checkbox"/> College Connection Committee	<input type="checkbox"/> Recognition Committee	
	<input type="checkbox"/> Finance Committee	<input type="checkbox"/> Special Events Committee	
	<input type="checkbox"/> Fund Development Committee	<input type="checkbox"/> Technology Committee	
	<input type="checkbox"/> Health/Wellness Committee	<input type="checkbox"/> Any area where needed	
	<input type="checkbox"/> Marketing Committee	<input type="checkbox"/> Administrative Support	

In order to best serve our youth, we prefer our volunteers to make a one-year commitment unless they are assisting with a special event or project. **How long is the commitment you can make to The 100?**

Why do you want to volunteer with the 100 Black Men of Indianapolis?

IMAGE AND LIABILITY RELEASE

- I authorize to the 100 Black Men of Indianapolis to use photographic, video, or digital images in which I appear in publications used for the purposes of education, information, promotion, public relations, and fundraising. I understand that I will receive no payment for the use of images in which I appear.
- In consideration of my participation as a volunteer I agree and acknowledge that neither the 100 Black Men of Indianapolis, nor any of its agents, volunteers, or employees shall be held responsible or made subject of any claim seeking to assess damages or liability for or arising from personal injury, property damage or loss of any other sort to myself as a result of 100 Black Men of Indianapolis activities.
- I acknowledge and agree that I am not required, if called upon, to perform the volunteer service(s) herein applied for and that the 100 Black Men of Indianapolis, is not required to assign or actively seek to assign me as a volunteer even after appropriate training; and as part of The 100's assessment process, additional information may be solicited from me by office personnel.

Signature: _____ **Date:** ____/____/____

Return completed application to: 100 Black Men of Indianapolis, Inc.
 3901 N. Meridian St., Suite 10 • Indianapolis, IN 46208
 Fax: 317-920-2502 • input@100BlackMenIndy.org