



VOLUNTEER APPLICATION

Thank you for your interest in becoming a Volunteer with the Jason Motte Foundation. Please take a few minutes to complete the information below. Please return via email to karen@jasonmottfoundation.org or by mail to:

Karen L. Cole
Jason Motte Foundation
265 A Hickory Hedge Drive
St. Louis, Missouri 63021

Date: _____

Personal Information:

First Name _____ Middle Initial _____ Last Name _____

Home Address _____

City _____ State _____ Zip Code _____

Daytime Phone _____ Evening Phone _____

Email _____

All volunteers must be age 16 or older. By checking this box, I acknowledge that I am age 16 or older.

I am interested in volunteering in the following locations:

Memphis St. Louis

I was referred to the Jason Motte Foundation by: _____

Previous Volunteer Experience:

Organization Name	Volunteer Responsibilities	Date

What have you enjoyed the most about your previous volunteer work?

What did you like least about your previous volunteer work?

References: Please provide three references that we can contact

Name	Address	Phone	Relationship

Why are you interested in volunteering for the Jason Motte Foundation?

What knowledge & resources can you bring to the Jason Motte Foundation?

I understand that by completing this Application, I am not in any way guaranteed a volunteer position with the Jason Motte Foundation.

Signature: _____