



**I AM, Inc.**  
Phone: (404) 545-9051  
Email: [info@iambeautiful.org](mailto:info@iambeautiful.org)  
[www.iambeautiful.org](http://www.iambeautiful.org)

## **COMPLETING THE VOLUNTEER APPLICATION**

Dear Volunteer Candidate,

Thank you for your interest in volunteering with I AM B.E.A.U.T.I.F.U.L. Due to the sensitive nature of our work with children, each volunteer must successfully complete the screening process. In order to assure your application is completed before we submit it for a background check, please make sure that:

- You have filled out the application completely and thoroughly
- You have indicated when you are available to serve within our organization.
- You submit your background check.
- Sign the application.

Upon completing the application, scan and email it to [info@iambeautiful.org](mailto:info@iambeautiful.org).

If you have any questions or concerns, please feel free to contact (404) 545-9051.

Respectfully,

**ennifer Hammond**  
Executive Director

**Dr. Tina Woodard**  
Co-Founder

**Dr. Zenobia Edwards**  
Co-Founder



**WHICH DAY(S) AND TIME(S) WOULD YOU PREFER?**

	SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
ANYTIME	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
MORNING (8am-12pm)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
AFTERNOON (12pm-5pm)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
EVENING (After 5pm)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

HAVE YOU EVER BEEN CONVICTED OF A CRIME OR MISDEMEANOR?      YES       NO

If YES, please explain:

DATE OF BIRTH \_\_\_\_\_ (FOR STATISTICAL PURPOSES ONLY)

DO YOU HAVE A DRIVER'S LICENSE AND THE USE OF A CAR? YES       NO

DO YOU SPEAK A FOREIGN LANGUAGE?      YES       NO       LANGUAGE \_\_\_\_\_

I AM INC. WILL ALLOW PERSONS WITH DISABILITIES TO PERFORM VOLUNTEER WORK. ARE THERE ANY PHYSICAL OR STRUCTURAL ACCOMMODATIONS THAT WOULD BE NECESSARY FOR YOU TO PERFORM YOUR VOLUNTEER DUTIES?

YES       NO       IF YES, PLEASE LIST BELOW:

IN CASE OF EMERGENCY, PLEASE CONTACT:

NAME \_\_\_\_\_ DAYTIME PHONE \_\_\_\_\_

ADDRESS \_\_\_\_\_ EVENING PHONE \_\_\_\_\_

RELATIONSHIP \_\_\_\_\_

AS A REFERENCE, GIVE THE NAMES OF TWO PERSONS NOT RELATED TO YOU WHOM YOU HAVE KNOWN FOR AT LEAST ONE (1) YEAR.

	PERSON #1	PERSON #2
NAME		
ADDRESS		
PHONE		
RELATIONSHIP		
YRS KNOWN		

I AUTHORIZE I AM INC. TO CONTACT REFERENCES I HAVE LISTED ABOVE.

APPLICANT SIGNATURE: \_\_\_\_\_

(PLEASE PRINT NAME): \_\_\_\_\_



**I AM, Inc.**

Phone: (404) 545-9051

E mail: info@iambeautiful.org

www.iambeautiful.org

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

(Please Print)

In consideration of being accepted as a volunteer for I AM INC., and with knowledge that I will be working, directly and indirectly, in a volunteer capacity for I AM INC. involving various duties, I recognize fully that my presence and activity as a volunteer may involve some element of risk.

I, the undersigned, do hereby waive and release any and all rights or claims of any kind or nature of myself, and those of my heirs or assigns, which may exist or accrue in the future against I AM INC., its various departments, personnel, employees, officials, staff, or agents because of, as a result of, or in connection with the duties, responsibilities, and work which I will undertake as a volunteer for I AM INC.

I understand that as a volunteer I am in no sense an employee of I AM INC., and that I possess no rights under I AM INC. Further, I understand that I am not entitled to benefits or worker's compensation benefits from I AM INC., which may accrue to its employees. I further understand that I am not entitled to any vested rights to which an employee of I AM INC. may be entitled.

I acknowledge and understand that I am only to perform such functions as specifically directed by I AM INC.

I hereby authorize I AM INC. to contact the references listed on my volunteer application in order to determine my eligibility for volunteer services, and authorize I AM INC. to make such other inquiries as may be necessary to determine my eligibility for such services.

\_\_\_\_\_  
Signature of Volunteer

\_\_\_\_\_  
Date Signed