



Girls on the Run of Central Maryland Volunteer Application

Please print clearly and return this application with a list of two references to:

Girls on the Run of Central Maryland
Address: 8640 Guilford Rd, Suite 208
Columbia, MD 21044
Phone: 443-864-8593
Email: info@hocogirlsontherun.org

THANK YOU for your interest in volunteering with Girls on the Run! Once you return your application, we will contact you to arrange for an interview. We are looking forward to working with you!

LAST NAME: _____ FIRST NAME: _____ M.I. _____

HOME ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____ BIRTHDATE: _____

HOMEPHONE: _____ WORK PHONE: _____

CELL PHONE: _____ EMAIL: _____

PREFERRED METHOD OF CONTACT:

- E-mail
 Home phone (time of day: _____)
 Work phone (time of day: _____)

Adult T-shirt Size: S M L XL XXL

Please answer the following questions:

1. I am interested in serving as a **Girls on the Run**:

- ____ Head Coach (open to women only, age 21 years or older)
____ Assistant Coach (must be 18 years or older)
____ Junior Coach (must be 16 years old or older)
____ Running Buddy for 5K
____ Volunteer for 5k
____ Volunteer for specific site (i.e., bring snacks, prepare lesson materials)
____ Webmaster/Developer
____ Administrative Supporter
____ Spokesperson/Representative at open houses, volunteer fairs, etc.
____ Fundraiser and/or Grant Writer
____ Other (please explain): _____

2. I prefer to coach _____ **Girls on the Run** (3rd – 5th grade) _____ **Girls on Track** (6th – 8th grade)

3. Do you have a preference of a school that is running the program? _____

Additional Information

1. How did you hear about Girls on the Run?

Friend, please share their name with us so we can thank them: _____

Poster/Sign Website Volunteer Fair/Open House Other: _____

2. What is your experience working with children, specifically in 3rd-8th grades?

3. Please list your current and/or past volunteer experience and the length of time you volunteered:

4. Special skills/qualifications you possess that would be of value to Girls on the Run:

5. Why do you wish to volunteer with Girls on the Run and/or what attracted you to our program?

6. Why is working with girls and /or running important to you?

7. Name one of your strengths and one of your challenges, especially in reference to working with girls.

8. How do you envision your coaching style (if you are planning to serve as a coach or assistant coach)?

9. What do you do to maintain balance in your life?

10. As a coach or volunteer, what is the one thing that you want the girls to specifically learn from you?

11. Why would you be a good role model for these girls?

12. Please list two individuals who can serve as references for you and your character.

Name	Contact Information	Relationship to You

Current CPR Certification is required of all Head Coaches prior to the start of the program. Information regarding CPR training sessions will be provided to the coaches upon selection.

Are you CPR certified? Yes _____ No _____ Expiration: _____

Are you First Aid certified? Yes _____ No _____ Expiration: _____

As **Girls on the Run** policy, coaches must be drug-free and tobacco-free and must not consume excessive amounts of alcohol. In addition, if a Girls on the Run coach has suffered from an eating disorder, that coach must have completed treatment at least one year prior to the date signed below. Girls on the Run of Central Maryland reserves the right to dismiss volunteers for violation of this policy. By signing below, you solemnly swear that you are abiding by all of the above policies and the terms set forth in the head or assistant coach job description.

Signature _____

Date _____

GIRLS ON THE RUN BACKGROUND CHECK AUTHORIZATION

As part of our procedure for determining your eligibility to volunteer or work with Girls on the Run (or to continue to be a volunteer or employee), we may obtain and consider criminal records, credit reports, driving records, consumer reports and other background checks regarding you. Since we may use consumer reporting agencies to provide Girls on the Run such reports, we are providing you this notice and authorization form in order to comply with the Fair Credit Reporting Act in those cases when the Act applies.

Authorization to Conduct and Consider Background Checks

I hereby authorize Girls on the Run to obtain consumer reports and investigative consumer reports on me and to consider such reports when making decisions regarding my initial or ongoing employment / engagement / volunteer status at Girls on the Run. Such reports may include, but are not limited to, information regarding my criminal record, driving record, credit, employment history and performance, and other investigative reports. I understand that the agencies from which such reports may be sought may include, without limitation, criminal records search agencies, consumer information/credit bureaus, and the like. I also understand that this authorization, in original or copy form, authorizes Girls on the Run to obtain and consider such reports regarding me at any time when considering my potential or continued involvement with Girls on the Run, both now and in the future.

Certification of Information Submitted to Girls on the Run

I acknowledge that I have read the information contained on this form carefully. I also certify that all of the information provided by me on the attached data sheets is true and complete to the best of my knowledge. I further understand that any omission of fact or false or misleading information given on the attached data sheets may result in the termination of my employment / engagement / volunteer status at Girls on the Run, as applicable.

General Release

I hereby release Girls on the Run and its officers, directors, employees and other agents, and all other persons, employers, businesses, schools, consumer information agencies, records search firms and other entities, of and from any and all potential liability arising from inquiries by employment / engagement / volunteer status at Girls on the Run and its agents concerning the background checks described above and/or the compilation or use of such information and reports regarding me. I understand that I may request a complete and accurate disclosure of the nature and scope of the background verification; to the extent such investigation includes information bearing on my character, general reputation, or personal characteristics.

Date: _____ **Signature:** _____

Print Name: _____



Non-Compete Clause

I, _____ [print], as a volunteer or staff member of Girls on the Run of Central Maryland agree to the following:

1. I will not deliver the Girls on the Run International program or any similar program unless I am working as an employee or volunteer of a Girls on the Run Council.
2. I may not create or help develop a program that has similar goals and structure to that of Girls on the Run International within a two-year period of my involvement with Girls on the Run of Central Maryland.
3. I understand that all printed materials given to me are under copyright and may not be reproduced in any way unless written permission is received.
4. I will abide by the logo usage guidelines and obtain approval from the Girls on the Run International staff if I am unsure of its use.

Girls on the Run Volunteer Signature

Date

Girls on the Run Representative

Date