



Membership Application Form

Section 1: Annual Membership Fee World Ebony Network Staff: Check Paid column					
Volunteering: <input type="checkbox"/>		Sponsoring: <input type="checkbox"/>		Partnering: <input type="checkbox"/>	
Paid	Member Fee:	See CEO if interested in Strategic/Partnership Annual Fee:\$150.00 Chapter Annual Due: \$240.00			Contact:
YES <input type="checkbox"/> NO <input type="checkbox"/>	See line below				<a href="mailto:contact@worldebonynetwork.com">contact@worldebonynetwork.com</a>
Membership Fee	<b>ECE: \$15.00</b> 0-10Years	<b>EYE: \$25.00</b> 11-26 Years	<b>EAE: \$35.00</b> 27-55 Years	<b>EME: \$25.00</b> 55 + Years	Contact Chapter Official, Group Director, or CEO for payment method

Section 2: Applicant Information (YOUR FORM WILL BE RETURNED IF ANY REQUIRED FIELD, MARKED *, IS BLANK)					
How did you learn about volunteer opportunities at World Ebony Network?					
1. *First Name:			*Last Name:		
2. *Age (if 18+ complete ___)		3. *Email:		4. *Phone:	Cell:
5. *Best way to connect (Circle) Home      Phone      Cell      Work      E-mail					
6. *Current address:					
7. *City and State:		8. *Zip Code:		9. *Own or Rent :	
10. Spouse First Name:			Spouse Last Name:		

Section 3: Parent /Guardian Information if less than 18 (YOUR FORM WILL BE RETURNED IF ANY REQUIRED FIELD, MARKED *, IS BLANK)		
1. *Parent/Guardian First Name:		Parent/Guardian Last Name:
2. *Emergency Phone #		
3. *Address if different from Above:		
4. *City and State:		5. *Zip Code:
6. *Own or Rent :		

Section 4: Your Participation with Us: I am interested in ... (Check that apply)		
<input type="checkbox"/> Serving as a Chaperone for field trips	<input type="checkbox"/> Fundraising	<input type="checkbox"/> Ushering
<input type="checkbox"/> Administrative Help	<input type="checkbox"/> Clothes pickup and Delivery	<input type="checkbox"/> Event Planning Committee
<input type="checkbox"/> Distributing flyers and brochures	<input type="checkbox"/> Event Planning	<input type="checkbox"/> Program Area Committee
<input type="checkbox"/> Phone assistance for upcoming events	<input type="checkbox"/> Data Entry/Computer Assistance	<input type="checkbox"/> Operational Committee
<input type="checkbox"/> Clerical	<input type="checkbox"/> Home Visits	<input type="checkbox"/> Other
I am willing to do one time projects (i.e. special mailings, envelop stuffing, etc.) Circle One: YES/NO		
I have the following interests/training/skills, which don't seem covered by the above positions and I would like to use for service to World Ebony Network:		
Please indicate any physical limitations:		



**Section 5: Availability (Please circle your preferences)**

Sunday	Morning	Afternoon	Evening	Thursday	Morning	Afternoon	Evening
Monday	Morning	Afternoon	Evening	Friday	Morning	Afternoon	Evening
Tuesday	Morning	Afternoon	Evening	Saturday	Morning	Afternoon	Evening
Wednesday	Morning	Afternoon	Evening				

**Section 6: School/Employment Information**

(YOUR FORM WILL BE RETURNED IF ANY REQUIRED FIELD, MARKED \*, IS BLANK)

1. *Current school/Employer Or Unemployed:	2. *(Employed/Unemployed) How long? Or School Grade?
3. *City and State:	4. *Zip Code:

**Section 7: Children if membership privileges desired**

Name:	School and address:	Grade:
Name:	School and address:	Grade:
Name:	School and address:	Grade:
Name:	School and address:	Grade:

**Section 8: Additional Information**

(YOUR FORM WILL BE RETURNED IF ANY REQUIRED FIELD, MARKED \*, IS BLANK)

1. *Do you speak/translate/read a language other than English? (Circle) YES NO		
2. *If Yes, list language(s):		
3. *Indicate fluency Not Fluent:	Fluent:	Highly fluent:
4. *Are you licensed to operate a motor vehicle? (Circle) YES NO		
5. *If Yes, are you willing to drive volunteers/supplies if needed? (Circle) YES NO		
6. *Please provide the name and phone #/email of one reference:	Full Name	Phone:
7. *Email Address (Please Print)		



**Section 9: Criminal Record Information**

(YOUR FORM WILL BE RETURNED IF ANY REQUIRED FIELD, MARKED \*, IS BLANK)

1. *Do you have a criminal record? (Circle) YES NO	2. *Have you been accused or convicted of a felony? (Circle) YES NO
3. *Have you been convicted within the past 24 months of a misdemeanor that resulted in imprisonment? (Circle) YES NO	4. * Have you ever been bonded? (Circle) YES NO 5. *Has it ever been revoked (Circle) YES NO

6. \*If answered YES to any of the questions in Section 9, please provide additional information:

I, \_\_\_\_\_, do hereby authorize World Ebony Network to investigate all statements contained in this application and on any additional material submitted. All of the information I have completed above is true and correct to the best of my knowledge and I understand that false statements on this application may result in denial of this application, immediate termination or immediate dismissal by World Ebony Network. I hereby agree to provide a 2 weeks notice to World Ebony Network before separating from the organization. World Ebony Network has the right to terminate your position at any time for any reason or for no reason at all.

I understand that the above information is supplied voluntarily and may be used and disclosed only for World Ebony Network purposes. As a World Ebony Network volunteer, I understand I will not be paid for my services.

**Section 10: Emergency Contact**

(YOUR FORM WILL BE RETURNED IF ANY REQUIRED FIELD, MARKED \*, IS BLANK)

1. *Name of a relative not residing with you:		
2. *Address:	3. *Phone:	
4. *City:	5. *State:	6. *ZIP Code:
Relationship:		

**Section 11: Signature**

I authorize the verification of the information provided on this form as to my background.

Signature of applicant:	Date:
Signature of Parent/Guardian:	Date: