



The First Tee of Fort Smith needs your help!

Volunteer your time to work with children. Help them learn to be respectful, honest, and confident. Help to teach children proper golf knowledge and etiquette.

Parents must complete a background check in order to participate in clinics. The background check cost the program \$10, please consider making a donation to help cover these costs. We want to ensure the safety of your child!

Volunteer Opportunities at The First Tee of Fort Smith

(Ask for more information on each position)

- Administrative Assistants
- Learning Center/ Pro Shop Clerks
- Volunteer Coordinator
- Event Volunteers
- Course Maintenance/ General Maintenance and Landscaping
- Teaching Assistants
- Van Driver
- Tutors
- Whatever your talents may provide

Perks of the Volunteer Positions

For every hour volunteering, volunteer will receive (1) one bucket of range balls for free, and free use of the chipping and putting greens. For a volunteer that commits 3 hours or more a week may get free use of the golf course.

**Help support The First Tee of Fort Smith, a non-profit youth golf organization.
Volunteer your time to help a child!**



Volunteer Application Form

First Name: _____ MI _____ Last Name: _____

Address: _____ Club Affiliation: _____

City: _____ ST: _____ Zip: _____

Day Phone: (____) _____ Evening Phone: (____) _____

E-Mail: _____ Cell: (____) _____

I am most interested in volunteering for: (check which apply)

GOLF / LIFE SKILLS

____ LIFE SKILLS (COREVALUES)

____ GOLF SKILLS (____ Little Linksters (6 Yr olds); ____ Beginner Golf; ____ Int. Golf;
____ Adv. Golf)

Select the level(s) that you would be interested in working with.

____ TUTORING (ACADEMIC) (Area(s) of Expertise _____)

____ SUPERVISORY (ON-COURSE) PLAY WITH A PAL / MENTORING

PUBLIC RELATIONS / OUTREACH

____ PUBLIC RELATIONS / AFFILIATE RELATIONS

____ NEWSLETTER

____ FAITH OUTREACH (spreading the word about The First Tee through the area churches)

SPECIAL PROGRAMS

____ SUMMER CLINIC ____ (SESSION I June 1-July 10) ____ Session II July 14-August 15)

____ FUND RAISING

____ SPECIAL ACTIVITIES

OPERATIONS

____ TRANSPORTATION

____ LOGISTICS

____ ADMINISTRATIVE SUPPORT

FORT SMITH FACILITY

____ FACILITY MAINTENANCE

____ LEARNING CENTER DIRECTORS

____ GOLF EQUIPMENT

____ OTHER _____

NOTE: This list describes only some of the volunteers we need. If you have a time, talent, or treasure to share with our organization, please describe it below and we will happily create space for you within our program. If you are retired, employment history is still imperative as some corporations of retired individuals still support non-profit organizations with grants and fund-matching programs.

Availability:

September 1-End of May (School Year)

During the school year classes are held at The First Tee. After school classes are typically held between 4:30-6:00 p.m.
Please state the day(s)/time(s) you are available to help: _____

June – August (Summer Session)

Our Summer Session is scheduled to include tournament play, clinics, and various other golf and life-skill opportunities.
Please state the day(s) and time(s) you are available to help: _____

Employment / Volunteer History (List most recent first)

Employment / Organization	Position / Title	Date (Mo / Yr)

Experience / Skills in working with children (Please describe):

Other relevant experience, computer knowledge, office, etc (please describe)

Do you have current CPR ? First Aid Certification? Yes No Exp. _____

Do you speak another language (besides English)? _____

Please tell how fluently? _____

Do you have any teaching certificates or teaching experience? _____

If so, please explain? _____

REFERENCES

Name: _____ Position / Title _____

Relationship: _____ Phone: (____) _____

Name: _____ Position / Title _____

Relationship: _____ Phone: (____) _____

EMERGENCY CONTACT

In case of an emergency during your volunteer service, please list a name(s) / number(s) of who we may contact:

Name: _____ Phone: _____

Name: _____ Phone: _____

MEDICAL LIMITATIONS / ALLERGIES:

For your own protection, we ask that you disclose any medical or physical limitations that you might have affecting your volunteer work.

PERSONAL / PROFESSIONAL ATTRIBUTES:

What do you feel are the characteristics of an effective teacher / mentor / volunteer?

What would you do if a child in your group was not progressing or learning?

List the first three things you might do on the first day of class?

1. _____
2. _____
3. _____



Volunteer Background Consent Check

This information is confidential between you and The First Tee of Fort Smith personnel.

Full First, Middle, Last Name (Please print clearly): _____

Other Names Used (If any): _____

Date of Birth: ____ / ____ / ____ Social Security #: ____ / ____ / ____

Driver's License Number: _____ St: _____

The First Tee of Fort Smith is committed to providing a safe environment for our participants, volunteers, and staff. Because of our responsibility as a youth organization, we reserve the right to inquire into a person's criminal background. Criminal convictions are not an absolute bar to participation in The First Tee program and will only be considered in relation to job requirements and expectations.

I affirm that all statements in this application are true and correct, and acknowledge that if any information submitted is false, The First Tee of Fort Smith shall have the right to terminate my relationship as an instructor or volunteer. I further acknowledge that because of The First Tee of Fort Smith's role as an advocate for children, inquiries may be made to any governmental agency, including law enforcement agencies or departments and reference checks will be documented.

In order to protect program participants, The First Tee of Fort Smith and volunteers, I further understand that at no time during a The First Tee of Fort Smith class or sponsored event may I be alone with an individual child unobserved by others. I further represent and acknowledge that I will not discipline any youth involved in The First Tee of Fort Smith by use of physical, verbal, or emotional abuse.

Signature: _____ Date: _____