





Application for Non-Paid Volunteer Positions

Date Received:

Personal Information					
Last Name	First Name	M	iddle Name	Today's Date	
Street Address	City	State		Zip Code	
Work Phone: (_Other: (_) -) - to work? Typical shifts are M-F	the U. S.? to provide U.S.)			
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Title of Position	Applying For: Part time/ Full	l time?	Date Avai	lable to Work	
Do you have any	s) and job title(s): y relatives currently working for the sand relationship to you: ed now?	the WePlay4theCause S		League?YesNo	
Education					
Name and Loca	ation	# Years Completed	Major Area of Stud	y Degree/Diploma	
High School					
College					
Graduate School					
Technical or Certificate Programs					
WILL YOU A	AGREE TO A BACKGROUND	CHECK?*	YES [initial to agree]	NO [initial to disagree]	

*ALL BACKGROUND CHECKS ARE DONE ELECTRONICALLY. IF YOU ARE SELECTED TO MOVE TO THE NEXT STEP IN THE INTERVIEW POCESS, YOU WILL RECEIVE A LINK TO COMPLETE THE BACKGROUND CHECK ONLINE.

Employment History Plo	Please provide the following information for your previous three employers, beginning with the most recent: (Please attach an additional page if necessary)		
Employer:	Dates Employed:		Job Title:
	From	To	
Address:			
Telephone:		Job Duties:	
Weekly Pay Start: Fi	nish:		
Reason for Leaving:			
Employer:	Dates Employed:		Job Title:
	From	To	
Address:			
Telephone:		Job Duties:	
Weekly Pay Start: Fin	ish:		
Reason for Leaving:			
Employer:	Dates Employed:		Job Title:
	From	To	
Address:			
Telephone:		Job Duties:	
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Weekly Pay Start: Fin	ish:		
Reason for Leaving:			

Please list any special awards, honors, scholarships, clubs, or offices held. References Please list names of supervisors, managers, or others who can comment directly on your abilities: ame Address Phone # Relationship/Occupation Years Anything else you would like to share with us?			seeking with us:	teer position you are	fications for the type of vol	Describe your qual
Please list names of supervisors, managers, or others who can comment directly on your abilities: Maddress Phone # Relationship/Occupation Years						
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Please list names of supervisors, managers, or others who can comment directly on your abilities: me Address Phone # Relationship/Occupation Years						
Please list names of supervisors, managers, or others who can comment directly on your abilities: Me Address Phone # Relationship/Occupation Years Phone # Relationship Phone #						
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anything else you would like to share with us?		bilities:	who can comment directly on your a	s, managers, or others v	Please list names of supervi	eferences
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ADDITIONAL IMPORTANT INFORMATION:

- All volunteers must have a Volunteer Form on file with WePlay4theCause Sports, REDS DOOR or Alpha Female League in order to volunteer with us at any event, program, retreat, etc. If you are a current intern or staff, you do not need to complete this form, however all interns must have completed intern paperwork.
- This is NOT an application for employment, internship, or partnership.
- This is NOT a community service form or school service hours form. Please submit the correct form to be completed or have it emailed to us to be completed. IT IS UP TO THE VOLUNTEER TO MAKE SURE THE HOURS WORKED WITH US CAN BE UTILIZED.
- If you need a written letter about your volunteer hours worked with us, please let us know at the time you submit the volunteer form, so there is no delay in turnaround time. ALL LETTERS WILL BE EMAILED 48 HOURS AFTER THE EVENT WORKED.

- THIS IS FOR VOLUNTEERING ONLY. THERE IS NO PAY OR COMPENSATION. ALL FUNDS ARE FOR THE BENEFIT OF ALPHA FEMALE LEAGUE, AND OR ITS PROGRAMS, FOR FUNDRAISING INITIATIVE AND ITS MISSION[S].
- Volunteer holds harmless, fully and completely waives, releases and forever discharges Alpha Female League, DBA Alpha Female League, its subsidiaries, affiliates, partners, facilities, workers, etc. from and against any and all claims, charges, complaints, actions, causes of action, lawsuits, grievances, controversies, disputes, demands, liabilities, obligations, damages (including, but not limited to, actual, compensatory, punitive, and liquidated damages), etc. now and in the future.

Return Form to or for any Questions – call or email: 214-429-1426 | alphafemaleleague@gmail.com | play4thecause@gmail.com

AT&T STADIUM VOLUNTEERS/INTERNS ONLY: IMPORTANT INFORMATION

ARRIVAL TIME & EVENT DAY

- Arrival time for volunteers range from 3 ½ to 5 hours prior to event start time.
- Volunteers must be signed in by the time given or they will not be allowed entry to volunteer for that event day.
- If you are running late or something has come up and you're unable to make it, you must notify Alpha Female League ASAP.
- After 2 NO Shows with No Communication, your will be removed from the volunteer list.

MUST HAVE NFL PROFILE & VOLUNTEER CREDENTIALS

- Any volunteer or intern must have an NFL profile and credential with us to volunteer with our organization.
- Submit a valid ID [drivers license, passport, etc.] and a headshop photo [no background]
- After 2nd No Show with No Communication, your name will be submitted to be permanently removed from the stadium volunteer list.

DRESS CODE: For all stadium event volunteer unless given other instructions.

- Black Shoes [CLOSED TOE/NO CROCKS]
- Black Pants or Skirt [NO SHORTS NO HOLES OR RIPS SKIRTS MUST BE PAST KNEES]
- Black or White Shirt

PARKING & ENTERANCE

- 1. **Important information about the event will be emailed**. PLEASE MAKE SURE YOU READ ALL INFORMATION WITHIN
- 2. Parking Passes [if applicable] are Emailed 24-48 Hours Prior to Event Day [ONLY AFTER CONFIRMING]
- 3. All Volunteers Parking will be indicated on parking past.
- 4. AT&T Stadium ONLY Take Bus/Shuttle over to NPO Security Check-in
 - a. Check in at NPO Table [IF YOUR NAME IS NOT ON THE LIST, YOU WILL NOT BE ALLOWED TO ENETER]
 - Only Volunteers with Names on Security Check-In will Be Allowed to Enter and Volunteer for the Event[s]

By signing this form, you are agreeing that you have read and understand this document and would like to volunteer or complete your internship with Alpha Female League.

Print Name:	Signature:
Date:	
Parent Name: * if applicant is under 18 y/o	Parent Signature:
Date:	