

**VOLUNTEER APPLICATION**

Turn 2 Foundation, Inc.  
 215 Park Avenue South, Suite 1905  
 New York, NY 10003  
 Tel (212) 475-2339 Fax (212) 475-3378



Last		First		Middle Initial	
Name					
Address				Apt.#	
City		State		Zip	
Phone 1			Phone 2		

How did you hear about the Turn 2 Foundation?


Name of Current Employer:

Job Title:

Job Description:

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Describe your interests in volunteering for the Turn 2 Foundation:


Please tell us about yourself. Include details on your personality, hobbies, & interests.

To provide a complete description on education/professional experience you may attach a resume.


Please list any organizations that you volunteered for and the length of time (current or past)


Please put an "X" in the time slot(s) you are available to volunteer:

	Sun	Mon	Tue	Wed	Thu	Fri	Sat
Morning							
Afternoon							
Evening							

What kind of volunteer commitment interests you? (Place an "X" by each choice):

\_\_\_\_\_ Summer Baseball Clinics

\_\_\_\_\_ Jeter's Leaders Program

\_\_\_\_\_

\_\_\_\_\_ Event Coordination

\_\_\_\_\_ Summer Baseball Trips

\_\_\_\_\_

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Please list three references excluding immediate family:

Name	
Address	
Phone	Relationship
Number of years you know this person:	

Name	
Address	
Phone	Relationship
Number of years you know this person:	

Name	
Address	
Phone	Relationship
Number of years you know this person:	

The information I have provided in this application is true to the best of my knowledge. I grant permission to the Turn 2 Foundation, Inc. to verify the data and to contact the references provided. The Turn 2 Foundation, Inc. reserves the right to choose volunteers that it feels will make a significant contribution to its mission and beliefs. Not all applicants may be deemed eligible to participate in every event.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_