



Volunteer Application

Name (please print legibly): _____

Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Date of Birth: _____

Cell: _____ Email: _____

I am interested in serving as a volunteer at the following events (please check one or more):

- Hall of Fame Dinner
- Hall of Fame Golf Classic
- Youth Leadership Seminar
- Other _____

Contact our office for more detailed information about the events or visit www.munozfoundation.org

Give a brief description of your personal / professional strengths that could assist the AMF:



The following information is necessary to assure the utmost quality for the AMF and its mission. Thank you for your cooperation in completing this section.

References:

1. Name: _____ **Phone Number:** _____

Relationship: _____

2. Name: _____ **Phone Number:** _____

Relationship: _____

Have you ever been convicted of a federal or state offense other than a minor traffic offense?

Yes **No**

Do you have any medical or physical restrictions that would prevent you from assisting as a volunteer?

Yes **No**

If YES, Please explain: _____

**Please mail or fax completed form to:
Anthony Muñoz Foundation
8919 Rossash Road
Cincinnati, OH 45236
(513) 772 - 4911 Fax
www.munozfoundation.org**