young entrepreneurs business week
www.sharethewealthu.org

Expert Mentor Inquiry

Thank you for agreeing to volunteer for the Young Entrepreneurs Business Week! In order to help us build our volunteer records, please complete and return the following volunteer application. Feel free to contact us with any questions. Thank you again for helping us to create a brighter future for the youth in our community!

Full Legal Name: _____

Organization: _____

Title: _____

Mailing Address: _____

City: _____ **State:** _____ **Zip Code:** _____

Home Phone: _____ **Work Phone:** _____

E-mail Address: _____ **Fax Number:** _____

Briefly, tell us about your background and experiences, so we can most effectively use your strengths.

_____
_____
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_____

Do you require special medical arrangements? ☐ Yes ☐ No

If yes, please attach a separate sheet outlining your medical needs.

T-shirt size: _____S _____M _____L _____XL _____XXL _____XXXL

Do you consent to a criminal background check? ☐ **Yes** ☐ **No**

Please note a criminal background check is now required of all adult volunteers.

Drivers License: State _____ **#** _____

Date of Birth: _____

I consent to a criminal background check _____ ___/___/_____

Signature (Full Legal Name) Date

Mail or email your Volunteer Application to:

Share the Wealth University
Young Entrepreneurs Business Week
P.O. Box 1214
Sherwood, Oregon 97140
info@sharethewealthu.org