



Membership Application

Applicant Information

Full Name: _____ Date: _____
Last First M.I.

Home Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Phone: _____ Email _____

Are you a graduate of Franklinton High School? Yes No

Are you a current or former Franklinton resident? Yes No

Are you a current or former educator within Franklinton? Yes No

What role are you interested in within this organization?

- Local Mentor Remote Mentor* Board member/Community Rep
 Special Guest Sponsor Volunteer

***Resides outside North Carolina**

Role Requirements:

Local Mentor Must attend 80% of monthly virtual meetings (attend at least 9 of 12 meetings)
 Commit to 3 hours per month on matters involving organization as needed outside monthly
 Serve on Project committees for Community Events as needed according to skillset and interest
 Attend and participate in at least 2 community activities per year

Remote mentor Must attend 80% of monthly virtual meetings (attend at least 9 of 12 meetings)
 Commit to 3 hours per month on matters involving organization as needed outside monthly
 Serve as a Scribe or Meeting Planner for at least 2 of the monthly meetings per year
 Complete administrative tasks for at least 3 community activities per year

Board member Must attend 50% of monthly meetings (attend at least 6 of 12 meetings)
 Commit to 4 hours per month on matters involving organization as needed outside monthly meetings
 Attend all monthly (bi-weekly Jan-April) Board meetings to discuss organizational matters
 Comply to organizational By-laws (Provided upon request or at Board meetings)
 Attend and participate in at least 4 community activities per year

Special Guest/ Sponsor Serve as a speaker or guest at community events according to skillset and interests
 No commitment requirements unless offered and accepted invitation to events in advance
 Provide resources and donations to particular causes within the organization

Community Representative (Middle or High School student only)
 Serve as a voice or representative of the Franklinton community of youth and teens
 Must attend at least 10% of monthly meetings (attend at least 2 of 12 meetings)
 Attend and participate in at least 2 community activities per year

Community Volunteer
 Aid in the successful performance of a Community events on a voluntary basis

Are you willing to pay quarterly dues towards the cause and operation of this organization? YES NO N/A

Local mentor	\$30 due the 28 th of March, June, Sept, and December
Remote mentor	\$30 due the 28 th of March, June, Sept, and December
Board member	\$45 due the 28 th of March, June, Sept, and December
Community Representative	Exempt
Special Guest/Sponsor	Exempt
Volunteer	Exempt

Have you ever been convicted of a misdemeanor? YES NO If yes, please explain:

Have you ever been convicted of a felony? YES NO If yes, please explain:

Education

College: _____ Degree: _____

From: _____ To: _____ Did you graduate? YES NO Major: _____

College: _____ Degree: _____

From: _____ To: _____ Did you graduate? YES NO Major: _____

References

Please list 2 References (Professional or Personal)

Full Name: _____ Years Known: _____

Email: _____ Phone: _____

Relationship: _____ **FHS Grad: Yes No**

Full Name: _____ Years Known: _____

Email: _____ Phone: _____

Relationship: _____ **FHS Grad: Yes No**

Current Profession

- Healthcare services (Medical, Dental, Mental)
- Aesthetics/Beauty (Hair, Nails)
- Food/Hospitality (Restaurant, Bakery, Hotel, Travel)

- Biotechnology/Pharmaceutical (Research, Clinical, CMO)
 - Government (Local, State, Federal)
 - Education (Teacher, Professor, Administration, Coach)
 - Real estate (Agent, Broker)
 - Banking (Investor, Teller, Financial Officer)
 - Law Services (Attorney, Judge, Police Officer, etc.)
 - Other/Student (Please specify)
-

Hobbies/Interests

- Sports
- Real estate/Investments
- Health & Wellness
- Travel
- Religious activities
- Dance/Theatre/Music
- Public speaking/Conferences
- Volunteering
- Other: Please list _____

Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge. I agree to all the terms listed within this application. I understand that false or misleading information in my application or not complying to the terms may result in termination of my membership of the organization.

Signature: _____ Date: _____

Reviewed by: _____ Date: _____

Approved by: _____ Date: _____

Please send the completed application and most recent CV/resume to thegift.fhs@gmail.com.

A background check is required prior to interacting with youth and teens within the community on the behalf of The GIFT, Inc. (Graduates Influencing Franklinton’s Tomorrow). Please complete the volunteer application with Franklin County Schools as a mentor. Please list Franklinton Middle School or Franklinton High School as the primary school, and select the remaining schools in Franklinton and Cedar Creek Middle School for the additional schools to serve as a Mentor to children.

Franklin County Schools Volunteer Screening Pass Fail