



KIDS HOPE USA

Volunteer Application

Today's Date _____

Title _____ Name _____
Miss, Mrs., Mr., Reverend, Pastor, Dr., etc. First Middle Last

Home Phone _____ Alternate Phone _____

E-mail Address _____

Current Employer _____

If you have lived at your current address less than seven years, provide information on all addresses during that period.

Address _____ City _____ Country _____ State _____ Zip _____

Address _____ City _____ Country _____ State _____ Zip _____

Address _____ City _____ Country _____ State _____ Zip _____

List all other names by which you have ever been known _____

Date of Birth _____ DL# _____

Length of membership/attendance at church _____ T-shirt Size _____

Emergency Contact _____

Name Relationship Phone

Are you 18 years of age or older? _____ Yes _____ No

Have you ever been convicted of, pled guilty to, or pled no contest to a crime other than a minor traffic violation? _____ Yes _____ No If yes, please explain.

References (Required for mentors and substitute mentors. Optional for prayer partners, unless they will be having regular contact with children.)

List at least two references from places of employment or prior volunteer service, especially concerning previous work with youth. References must meet the following criteria: must be over age 18; must not be a relative; must have known you for at least one year.

1. Name _____ Length of time you've known this person? _____

How do you know this person? _____

Home Phone () _____ Cell Phone () _____

Work () _____ E-mail _____

Address _____ City/State _____ Zip _____

2. Name _____ Length of time you've known this person? _____
 How do you know this person? _____
 Home Phone () _____ Cell Phone () _____
 Work () _____ E-mail _____
 Address _____ City/State _____ Zip _____

Please indicate for what role you would like to volunteer:

___ Regular Mentor (If so, please identify who you will ask to be your prayer partner): _____
 ___ Substitute Mentor
 ___ Prayer Partner
 ___ Occasional Special Projects

Please indicate the days and times you are available to give one hour:

Monday		Tuesday		Wednesday		Thursday		Friday	
	AM		AM		AM		AM		AM
	PM		PM		PM		PM		PM

Please list previous volunteer activities:

Volunteer Pledge

If I am assigned as a school volunteer, I accept the responsibility to serve in support of the educational program and supplement the work of the professional staff under their guidance. I understand that it is important to be reliable, channel suggestions constructively, keep information confidential, and comply with school rules. As a member or regular attendee of this church, I agree to be accountable to the leadership of this church regarding my Christian life and witness, according to the biblical witness of this church, and in all aspects of conduct and performance related to this volunteer position.

I hereby represent and warrant that the information contained in this application is correct and complete to the best of my knowledge. I authorize any references, or any other person or organization, whether or not identified in this application, to give you any information (including opinions) regarding my character and fitness for volunteer service. I understand that a very positive benefit, when working with children, is the relationship developed between the volunteer and child. I take seriously the relationship that will be formed. I agree to a criminal history check (national and/or state level). My signature on this form authorizes you to make such checks and to disclose results to both church and school personnel as part of the Kids Hope USA program.

Date

Signature of Applicant