



# Kidz Helping Kidz, LLC

## Volunteer Application

### Applicant Information

Full Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Gender:  Male  
*Last First M.I.*  Female

Address: \_\_\_\_\_  
*Street Address Apartment/Unit #*

\_\_\_\_\_  
*City State ZIP Code*

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Current Position: \_\_\_\_\_ Highest Level of Education: \_\_\_\_\_

Do you have a Driver's License? YES NO Driver's License #: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Make/Model of Vehicle: \_\_\_\_\_ License Plate: \_\_\_\_\_

If no, please explain: \_\_\_\_\_

*Identity may be confirmed with a state driver's license or other photo ID*

### Emergency Contact

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Other: \_\_\_\_\_

### Availability

Please indicate the hours you are available to work:  Wednesdays 5:30pm-9:30pm

Fridays 6:30pm-9:30pm

Indicate any additional hours you are available to work:

Monday: \_\_\_\_\_

Tuesday: \_\_\_\_\_

Wednesday: \_\_\_\_\_

Thursday: \_\_\_\_\_

Friday: \_\_\_\_\_

Saturday: \_\_\_\_\_

Sunday: \_\_\_\_\_

## Personal References

Please list three personal references. (Not Relatives)

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Email: \_\_\_\_\_

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Email: \_\_\_\_\_

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Email: \_\_\_\_\_

I authorize the listed references to provide any information they have regarding my character and fitness for this position. I waive any right I may have to inspect any information about me identified in this application.

## Personal History

Have you ever been convicted of, pled guilty to, or pled no contest to a charge of child abuse or child neglect? YES NO

**If yes, please explain:**

Have you ever been disciplined, suspended, or terminated from employment, volunteer, or an internship because of allegations of child abuse or neglect? YES NO

**If yes, please explain:**

CPR Certified?  YES  NO

First Aid?  YES  NO

## Volunteer Experience

Please share all experiences with adolescents (formal/informal training and experience pertinent to the volunteer services you would provide:

How did you hear about us?

Why do you want to volunteer with us?

What makes you a good fit for volunteering with Kidz Helping Kidz?

Have you worked as a volunteer before?  YES  NO

If so, what did you do? \_\_\_\_\_

Name of Organization: \_\_\_\_\_

Supervisor Name: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

What skills or qualifications do you have as a volunteer?

How do you hope to benefit from this experience?

What are your hobbies?

## Our Policy

*We provide equal opportunities without regard to race, color, religion, national origin, gender, sexual preference, age, or disability.*

## Disclaimer and Signature

*I certify that my answers are true and complete to the best of my knowledge.*

*If this application leads to an internship, I understand that false or misleading information in my application or interview may result in my immediate termination.*

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

*Thank you for your interest in Kidz Helping Kidz, LLC*