

Kidzcope Volunteer Application Form

Name:	Date:
Address:	
Phone (Home):	Phone (Cell)
Social Security Number:	Date of Birth:
Email Address:	
Current Employer (If employed):	
Occupation:	Work Phone:
How do you prefer to be contacted? <input type="checkbox"/> Work <input type="checkbox"/> Cell <input type="checkbox"/> Email	
In case of emergency, notify:	
Phone:	Relationship:

How did you hear about our program?

Why do you want to be a Kidzcope volunteer?

What are your expectations of volunteering at Kidzcope?

How would you prefer to serve? Refer to the Volunteer Opportunities Sheet.

Office Projects | Crafts Supplies | Group Facilitator | Host/Hostess

Hours and Days Preferred

Groups meet from 6:00 pm – 8:30 pm. Please mark the days that you would be available:

Monday Tuesday Wednesday Thursday

Which age groups would you feel most comfortable working with? Mark all that apply:

3-4 years 5-7 year 8-10 11-13 Teens Adults

Previous Volunteer Experience:

Describe any experiences you've had with youth (volunteer, professional, personal).

Are you fluent in another language? Yes No

If yes, please list:

We value safety and confidentiality of those served. This section helps us do that we we assess each volunteer applicant.

Have you ever been convicted of a felony against another person (i.e. sex offender, physical abuse, etc?) Yes No

Are you abusing drugs and/or alcohol? Yes No

Have you been hospitalized for a mental illness: If so, when and for what condition? Yes No

As a facilitator, what talents or skills do you have that would be of interest to children and which would you be willing to share with your assigned group?

Character Reference(s)			
Name	Address	Daytime Phone #	Relationship

I understand that this application is not a guarantee of placement. I also understand that my KBI records as well as my references may be checked. All information will be kept confidential.

Signature: _____ Date: _____