

OUR KIDS Volunteer Application

Date: _____

OUR KIDS reserves the right to conduct background checks, determine the most suitable placement for all volunteers, and refuse placement if deemed appropriate. Therefore, supplying information such as Date of Birth and Social Security Number is REQUIRED.

PERSONAL INFORMATION

Name: _____

Date of Birth: ____/____/____ Social Security Number: ____-____-____

Home Address: _____
(Street number and name)

(City, State, and ZIP code)

Home Phone Number: _____ E-Mail: _____

Business or School Name: _____

Position/Title: _____

Address: _____
(Street number and name)

(City, State, and ZIP code)

Phone Number/Extension: _____ E-Mail: _____

Supervisor Name and Phone: _____

Emergency Contact and Phone: _____

Emergency Contact Relationship: _____

Which is your preferred address/phone/e-mail? _____
(home or business)

Please list any previous volunteer experience. Include agency names and approximate dates:

VOLUNTEER INFORMATION

Please indicate all areas of interest:

- Clinic Volunteer (direct child and family contact) (Daytime Clinic Hours: M-F, 8:00 – 4:30)
- Special Events (Times are flexible)
- Fundraising (Times are flexible)
- Administrative (Daytime, M-F, 8:00 – 4:30)
- Research (master’s degree preferred) (Times are flexible)
- At-home Opportunities (Times are flexible)
- Other: _____ (Times are flexible)

What days of the week and times are you available to volunteer? _____

Special Skills:

Skills you may be interested in obtaining:

Would you be interested in being an “on-call” volunteer for special projects?

- Yes
- No

How did you learn about OUR KIDS?

Are you currently involved in, or do you have any pending litigation related to OUR KIDS? If yes, please explain:

REFERENCES

Name: _____ Name: _____

Address: _____ Address: _____

Phone: _____ Phone: _____

Your references will need to complete a Reference Form and return it to the OUR KIDS Center. Forms can be downloaded from our website: www.ourkidscenter.org.

CONFIDENTIALITY

As a volunteer working at OUR KIDS, I understand that I may acquire information from patients and their families which is of a sensitive nature. I will maintain the strictest confidence with regard to anything I learn about OUR KIDS patients. This means that: I will not discuss patient’s problems or situations with anyone not directly working with the family. I will only discuss patients with the staff or other involved volunteers in private. I will **not** reveal names or identifying information about patients to anyone outside of OUR KIDS. I will not even acknowledge having met someone through my volunteer position with OUR KIDS. I agree to keep any and all information (identities, addresses, dates, case histories, etc.) completely confidential.

(Initial and Date)

TRAINING

I understand that I must attend all of the volunteer training sessions and will be expected to participate in the continued in-service training.

(Initial and Date)

PHOTO/MEDIA RELEASE

I understand that OUR KIDS may use photos or film from OUR KIDS activities to inform the public about our program. I grant OUR KIDS the right to use, reproduce, assign, and/or distribute photographs or films of me for use in materials they may create.

(Signature and Date)

Volunteer Signature: _____

Printed Name: _____ Date: _____