



OUR KIDS Volunteer Application

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

Full Name: _____

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

Mailing Address: _____ City _____ ST ____ Zip _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

E-Mail: _____

Preferred Contact? _____ Home Phone _____ Work Phone _____ Cell Phone _____ Email _____

Education (circle highest completed) High School: 1 2 3 4 College: 1 2 3 4 Graduate: 1 2 3 4

How did you hear about OUR KIDS? _____

Days/Times you have available to volunteer: (please specify) _____

Sun _____ Mon _____ Tues _____ Wed _____ Thur _____ Fri _____ Sat _____

Emergency Contact: _____

(Name)

(Relationship)

(Phone#)

VOLUNTEER EXPERIENCE

Name of Agency (current first)	Dates	Title / Duties
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

WORK EXPERIENCE

Name of Employer (current first)	Dates	Title / Duties
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

REFERENCES

Please list two references, including their mailing addresses and telephone numbers.

1. _____
2. _____

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.com

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

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. _____ (Initial and Date)

I affirm that the information provided on this application is true and complete.

Volunteer Signature: _____

Print Name: _____ Date: _____

PLEASE RETURN THIS VOLUNTEER APPLICATION WITH QUESTIONNAIRE.



VOLUNTEER QUESTIONNAIRE

(PLEASE RETURN THIS QUESTIONNAIRE WITH YOUR VOLUNTEER APPLICATION.)

1. Why are you interested in volunteering at Our Kids?

2. Describe any previous experiences that have influenced your decision to volunteer here.

3. Please describe other commitments. (i.e. community, school, etc.)

4. What do you expect to gain from your volunteer work?

5. If you could create the perfect volunteer opportunity for yourself, what would you be doing?

6. What would you like for us to know about you that we haven't asked?

SKILLS AND INTEREST

Please indicate all areas of skills and interest.

___ Administrative Projects ___ Community Education/Outreach ___ Computer/Data Entry

___ Design/Graphic Arts ___ Marketing ___ Photography ___ Special Events

Other (Specify) _____