



Office use only:  
 Folder  
 BG  
 Orientation  
 Date Started: \_\_\_\_\_

## VOLUNTEER APPLICATION

Date: \_\_\_\_\_ Name (First, Middle, Last): \_\_\_\_\_ Gender:  Male  Female  
 DOB: \_\_\_/\_\_\_/\_\_\_ Social Security #: \_\_\_/\_\_\_/\_\_\_ Race: \_\_\_\_\_ Driver's License (State & #) \_\_\_\_\_  
 Local Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Local Phone: (\_\_\_\_) \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_\_  
 Permanent Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Permanent Phone: (\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_  
 Emergency Contact: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_  
 Marital Status:  Never Married  Widowed  Divorced  Married (Spouse: \_\_\_\_\_)

Please mark which site you would like to volunteer with, if there is no preference, leave blank:  
 Fairmont  Amistades  North Side  Indian Trail IS  Mountain View  
 Southside  Carver  Memorial Park  Kids In Action (KIA)

Please mark your available times to volunteer, if there is no preference in time, leave blank:

	Monday	Tuesday	Wednesday	Thursday	Friday
AKC 3:00-5:30	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
KIA 5:30-8:00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Church, School, or Organizational Affiliation: \_\_\_\_\_ Hours needed: \_\_\_\_\_

List previous experience, if any, working with children: \_\_\_\_\_

List any special skills that you have: \_\_\_\_\_

How did you hear about our organization \_\_\_\_\_

Briefly describe your personal faith and reason for wanting to participate in this ministry:

\_\_\_\_\_

Do you feel as though you have a personal relationship with God? How do you know?

\_\_\_\_\_

If not, would you like someone to talk to you about how you can know for sure? \_\_\_\_\_

Volunteering to complete a Community Service Sentence? Yes or No Hours needed \_\_\_\_\_

Have you ever been convicted of a felony or misdemeanor? Yes or No If yes, please explain \_\_\_\_\_

Probation Officer Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Have you ever been victim of mental, physical, or sexual abuse: Yes or No

Please explain: \_\_\_\_\_

"I verify that all information given to me in this application is true. I authorize a complete reference and background check. By my signature below, I authorize inquiry with regard to my character of any and all personal and agree to hold such persons harmless with respect to any information that we may give."

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

C4K Staff: \_\_\_\_\_ Date: \_\_\_\_\_

**Return to : Coalition For Kids, Inc. 2423 Susannah Street, Johnson City, TN 37601**