

SHOPPING 4 OTHERS

Volunteer Application



Each child attending this event needs a sponsor. If you can sponsor a child, for \$100, that will give them the opportunity to participate. Checks can be made out to Coalition For Kids (in memo line write Christmas). Please note below if you are able to sponsor as well as volunteer.

Coalition For Kids completes a background check on all volunteers who wish to participate in our Shopping 4 Others event. Each volunteer must complete the application separately in order to shop with a child, even if you have previously completed an application. We hope you understand the level of importance we consistently maintain to keep our children safe.

Please Print Clearly!

Date: _____ Name (First, Middle, Last): _____

Gender: **Male Female** DOB: ___ / ___ / ___ Social Security #: ___ / ___ / ___

Local Address: _____

City: _____ State: _____ Zip: _____

Permanent Phone: (____) _____ Cell Phone: (____) _____

Email Address: _____

(Please print clearly for we will communicate specifics of the event via email.)

Emergency Contact: _____ Phone: (____) _____

Company/Organization Affiliation:

Donation Amount: _____

Number of children sponsored: _____

Will you be volunteering to shop with a child? _____

All information must be completed. Please know that information given is properly discarded once background checks have been completed. Thank you for your understanding and we can't wait to see you on this festive occasion. If you have any questions please feel free to contact us at 434-2031. Please fax, mail or scan and email application in by Thursday, November 30th.

Fax number 434-9998 Coalition For Kids, 2423 Susannah St, Johnson City, TN 37601

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