



# Volunteer Application

Office use only:

Folder  OBG  Orientation

Date Started: \_\_\_\_\_

Date: \_\_\_\_\_ Name (First, Middle, Last): \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_

Social Security #: \_\_\_\_/\_\_\_\_/\_\_\_\_ Driver's License (State & #) \_\_\_\_\_

Local Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Local Phone (with area code): \_\_\_\_\_ Cell Phone (with area code): \_\_\_\_\_

Permanent Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Permanent Phone (with area code): \_\_\_\_\_ Email: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone (with area code): \_\_\_\_\_

**Please mark which site you would like to volunteer with, if there is no preference, leave blank:**

- Kid City  Mountain View  Southside  Keystone  Kids In Action (KIA) 5:30-8:00  Summer

**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 PM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
KIA 5:30-8:00 PM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Summer	<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 (with area code): \_\_\_\_\_

*"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 or email to [cyoung@coalitionforkids.org](mailto:cyoung@coalitionforkids.org)**