



<b>Office Use</b>	
<b>Date:</b> _____	
<b>BC date:</b> _____	
Approved	Denied

**VOLUNTEER APPLICATION (for 18 an older)  
CONFIDENTIAL**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_ Suffixes: \_\_\_\_\_  
 SSN: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_\_ Gender: \_\_\_\_\_  
 Driver's License# (if different from SSN): \_\_\_\_\_  
 Permanent Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Home Phone: (    ) \_\_\_\_\_ Cell Phone: (    ) \_\_\_\_\_ E-mail: \_\_\_\_\_  
 Your Employer: \_\_\_\_\_ Occupation: \_\_\_\_\_  
 Employer Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Business Phone: (    ) \_\_\_\_\_ Fax: (    ) \_\_\_\_\_

**PLEASE READ BEFORE SIGNING**

- I grant Team Activities for Special Kids permission to use my likeness, voice and words in television, radio, film or in any form to promote activities of Team Activities for Special Kids.
- I authorize Team Activities for Special Kids to periodically access and review state and federal criminal history records and make reasonable efforts to determine whether I have been convicted of, or are under pending indictment for, a crime that bears upon my fitness to be a volunteer for a position of trust over individuals with disabilities and convey that determination to the qualified entity. I hereby release Team Activities for Special Kids, all persons, organizations, or government agencies from any damages of, or resulting from, furnishing such information.
- In the course of volunteering for Team Activities for Special Kids, I understand I may be dealing with confidential information and I agree to keep said information in the strictest confidence.
- The relationship between Team Activities for Special Kids and volunteers is an 'at will' arrangement that may be terminated at any time without cause by either the volunteer or Team Activities for Special Kids.
- I understand that it is my responsibility to notify Team Activities for Special Kids of any change of information provided in this application during the time I serve as a Team Activities for Special Kids volunteer.
- I affirm that I have read and understand the above and that the information I have given is true and complete.

**Please answer the following questions:**

- |  |                      |
|--|----------------------|
| 1) Do you use illegal drugs?   | Circle One<br>Yes No |
| 2) Have you ever been convicted of a criminal offense?                             | Yes No               |
| 3) Have you ever been charged with neglect, abuse or assault?                      | Yes No               |
| 4) Has your driver's license ever been suspended or revoked in any state?          | Yes No               |
| 5) Have you been convicted of reckless driving or of a D.U.I. in the past 7 years? | Yes No               |

If yes, please explain and indicate in what state, county and year of offense: \_\_\_\_\_

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

Emergency Contact: \_\_\_\_\_ Relationship \_\_\_\_\_ Phone #: (    ) \_\_\_\_\_

**Attach copy of state ID with photo**

Updated 5/1/2011