

EMPLOYMENT HISTORY (IF APPLICABLE)

Current employer _____ Phone (_____) _____

Address _____ Date Employment Began _____

Name of Supervisor _____ Job Title _____

May we contact employer? Yes ___ No ___ Description of duties: _____

Does your employer have a community partnership? Yes ___ No ___

REFERENCES (Personal or professional; not a relative)

Name _____ Relationship _____ Phone (_____) _____

Name _____ Relationship _____ Phone (_____) _____

IN CASE OF EMERGENCY, PLEASE NOTIFY

Name _____ Relationship _____ Day Phone (_____) _____

Name _____ Relationship _____ Day Phone (_____) _____

CRIMINAL HISTORY

Have you ever been convicted of a misdemeanor or felony, or are any misdemeanor or felony charges pending against you? **Yes** ___ **No** ___ If **yes**, please explain below. (Note: Answering **yes** will not automatically prohibit individuals from becoming volunteers, but will be considered with respect to time, circumstances, seriousness and relationship to volunteer responsibilities. Some volunteer positions may require a background check. If you are selected for one of those assignments, you will be provided with a separate criminal background check authorization form.)

PUBLICITY/IMAGE/VOICE PERMISSION

I hereby grant permission for Special Kids Connect to use my and/or my children's images, likenesses and/or sounds of our voices as recorded on audio or videotape for promotional, fundraising and/or educational purposes. I understand that images may be edited, copied, exhibited, published or distributed in print, digitally and on the internet and I waive the right to inspect or approve the finished product wherein these likenesses appear. Additionally, I waive any right to royalties or other compensation arising or related to the use of my and/or my children's images or recordings.

Signature _____ Date _____

ACKNOWLEDGMENT

My signature below certifies that all statements made on this application are true, complete and correct to the best of my knowledge and belief. I understand these statements are subject to verification. I understand that falsification on this application can disqualify me from consideration or result in my volunteer services being denied. Furthermore, my signature below provides my authorization to Special Kids Connect to conduct driver license and motor vehicle record checks as needed, as well as reference checks to determine my suitability for placement.

I hereby release all parties from any liability for furnishing this information.

Signature of Applicant _____ Date _____

Special Kids Connect acknowledges that equal opportunity for all persons is a fundamental human value. Each volunteer applicant will be considered on the basis of individual ability and merit, without regard to race, color, age, religion, national origin, disability, sexual orientation, sex, or marital status.

PARENTAL CONSENT *(To be completed if applicant is under 18 years of age.)*

I give my consent for my child, named on page one of this application, to provide volunteer services to Special Kids Connect. I also give Special Kids Connect my consent to obtain emergency medical treatment necessary for the safety of my child.

Signature of Parent/Guardian _____ Date _____

Printed name of Parent/Guardian _____