



**Special Kids Connect**  
 1900 Garden Road, Suite 230, Monterey, CA 93940  
 (831) 372-2730 · FAX 1-888-780-9982 · [info@specialkidsconnect.org](mailto:info@specialkidsconnect.org)

**VOLUNTEER APPLICATION**

All information in this document is confidential. Please print.

First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_ Last Name \_\_\_\_\_

Address \_\_\_\_\_ Apt. # \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Male / Female \_\_\_\_\_ Date of Birth \_\_\_\_\_ Physical Limitations \_\_\_\_\_  
 (Circle One) (Be specific; if none, write none)

Education (highest level or current grade/level) \_\_\_\_\_ Name of School (if currently a student) \_\_\_\_\_

**VOLUNTEER EXPERIENCE**

Have you volunteered before? Yes \_\_\_\_\_ No \_\_\_\_\_ Volunteer Position: \_\_\_\_\_

Responsibilities \_\_\_\_\_

Agency \_\_\_\_\_ Address \_\_\_\_\_

Phone ( \_\_\_\_\_ ) \_\_\_\_\_ May we contact the Agency? Yes \_\_\_ No \_\_\_

**VOLUNTEER INTERESTS** Check all that apply!

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Administrative / Office support | <input type="checkbox"/> Culinary                    | <input type="checkbox"/> Photography             |
| <input type="checkbox"/> Arts & Crafts                   | <input type="checkbox"/> Dance / Choreography        | <input type="checkbox"/> Robotics                |
| <input type="checkbox"/> Badminton                       | <input type="checkbox"/> Event Planning              | <input type="checkbox"/> Soccer                  |
| <input type="checkbox"/> Baseball                        | <input type="checkbox"/> Fundraising                 | <input type="checkbox"/> Table Tennis            |
| <input type="checkbox"/> Basketball                      | <input type="checkbox"/> Graphic Design              | <input type="checkbox"/> Tennis                  |
| <input type="checkbox"/> Bowling                         | <input type="checkbox"/> Golf                        | <input type="checkbox"/> Theatre arts            |
| <input type="checkbox"/> Coaching<br>Sport(s): _____     | <input type="checkbox"/> Legos                       | <input type="checkbox"/> Water sports            |
|  | <input type="checkbox"/> Music<br>Instruments: _____ | <input type="checkbox"/> Other - Please specify: |

**YOUR AVAILABILITY** (Please check your available days and note the hours available per day)

Monday  Tuesday  Wednesday  Thursday  Friday  Saturday  Sunday

: \_\_\_\_\_ : \_\_\_\_\_ : \_\_\_\_\_ : \_\_\_\_\_ : \_\_\_\_\_ : \_\_\_\_\_

**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 \_\_\_\_\_