



KIDS HOPE USA

Volunteer Application

Name _____ Phone _____
Last First Middle Initial

Cell Phone _____ Daytime Phone _____

Address _____
Street City State Zip Code

E-mail Address _____

List all other names by which you have ever been known. _____

Date of Birth _____ DL# _____

Length of membership/attendance at Church _____ T-Shirt Size _____

Emergency Contact _____
Name Relationship Phone

Please indicate for what role you would like to volunteer:

- _____ Regular Mentor (If so, please identify who you will ask to be your Prayer Partner): _____
- _____ Substitute Mentor
- _____ Prayer Partner
- _____ Occasional Special Projects

Please indicate the days and times you are available to give one hour:

Monday	Tuesday	Wednesday	Thursday	Friday
a.m.	a.m.	a.m.	a.m.	a.m.
p.m.	p.m.	p.m.	p.m.	p.m.

Please list previous volunteer activities:

Volunteer Pledge

If I am assigned as a school volunteer, I accept the responsibility to serve in support of the educational program and supplement the work of the professional staff, under their guidance. I understand that it is important to be reliable, channel suggestions constructively, keep information confidential, and comply with school rules. As a member or regular attender of this Church, I agree to be accountable to the leadership of this Church regarding my Christian life and witness according to the biblical witness of this Church and in all aspects of conduct and performance related to this volunteer position.

I understand that a very positive benefit, when working with students, is the relationship developed between the volunteer and student. I take seriously the relationship that will be formed. I agree to a criminal history check (national and/or state level). My signature on this form authorizes you to make such checks and to disclose results to both Church and School personnel as part of the KIDS HOPE USA program.

Date

Signature of Applicant