



KidCare America™ **San Francisco**
Full Life Christian Center
3535 Balboa Street, San Francisco, CA 94121

NEW VOLUNTEER APPLICATION

Legal Name: Mr./Mrs./Ms. _____
Last First Middle

Other names you have gone or go by _____

Address _____ Apt.# _____ City _____

State _____ Zip _____ Home Phone (____) _____ Cell Phone _____

Email _____

Marital Status: Single Student Do you have children: Yes No

Skip If Student

Occupation: _____ How long have you worked in this field? _____

If student, School: _____ Graduation year: _____

Field of study: _____

List previous or current volunteer work. What was/is your role?

Why do you want to be involved at the KidCare America™ Center?

Why do you feel you would be an asset to our center?

What special talents or training do you have? (i.e. music, athletics, sign language)

What ministry experience and training have you had with children, youth, or adults? (We will train you. This question is to help us know what type of training needs to be provided.)

Place a check by the following words that describe you.

<input type="checkbox"/> Team Player	<input type="checkbox"/> Thorough	<input type="checkbox"/> Leader	<input type="checkbox"/> Teachable
<input type="checkbox"/> Reliable	<input type="checkbox"/> Honest	<input type="checkbox"/> Compassionate	<input type="checkbox"/> Balanced
<input type="checkbox"/> Humble	<input type="checkbox"/> Flexible	<input type="checkbox"/> Servant	<input type="checkbox"/> Intelligent
<input type="checkbox"/> Sensitive	<input type="checkbox"/> Patient	<input type="checkbox"/> Even Tempered	<input type="checkbox"/> Self Starter
<input type="checkbox"/> Spiritual	<input type="checkbox"/> Energetic	<input type="checkbox"/> Laid Back	<input type="checkbox"/> Committed
<input type="checkbox"/> Risk Taker	<input type="checkbox"/> Faithful	<input type="checkbox"/> Friendly	<input type="checkbox"/> Strong Willed

How often would you like to volunteer? Mon Tue Wed Thurs Fri Unsure

Do you have a personal relationship with Jesus Christ? Yes No

If yes, when and how did you become a Christian? What changes have you seen in your life?

What church do you attend? _____

How often do you attend your church services?

Please tell us if you have ever been charged with the following:

Child Abuse:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Sexual Molestation:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Child Neglect:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Anything more serious than a traffic violation?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Have you ever been treated for the following:

Nervous/Mental Illness:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Drug or Alcohol Abuse:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you using drugs? :	<input type="checkbox"/> Yes <input type="checkbox"/> No

Do you have health issues that could place the students at risk? : Yes No

If you answered yes to any of the above , please explain:

Full Life Christian Center has very specific objectives. For the sake of unity, are you willing to refrain from promoting or discussing doctrines about which there is a diversity of conviction and experience in the body of Christ? This would include issues such as tongues, eschatology, etc.

YES ___ **NO** ___,

I feel I must speak about _____

(Specify)

Organizational References (Previous employers, or any references from a supervisor of your volunteer work done with children and youth).

Name			
Address			
Phone		Years Known	
Name			
Address			
Phone		Years Known	

Criminal Records Check and Authorization (*Those under 18 are not subject to check*)

I understand that in order for me to volunteer my time to work with the students at the KidCare America™ Center, a Federal and State background check as well as a search of the National Sex Offenders list, will be done. If I intend to drive any student, a vehicle background check will be done as well. **I understand that my information will not be released without my consent, and all personal information will be kept in a confidential file.** Initial _____

Print all other names you may have gone by (including maiden name):

Medical Information - Emergency Contacts

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

Do you take medicine on a regular basis Yes _____ No

Doctor Name address _____

Phone _____ Insurance Provider policy: _____

ACKNOWLEDGEMENTS

Please sign below if you agree with the following: “I am willing to be trained, supervised, and reviewed by the KidCare America™ Center Director. I understand that I will be considered important as a staff member, and will be expected to assume responsibilities as directed by the KidCare America™ Center Director, including attendance at training sessions when needed. I accept this as a commitment to Christ and His church. I also give my authorization to *Full Life Christian Center* or its representatives to verify the information on this form. I verify that the information on this volunteer application is true.”

Signature _____ Date: _____

Applicant’s Statement

The information contained in this application is correct to the best of my knowledge. I authorize any references or churches listed in this application to give you any information (including opinions) that they may have regarding my character and fitness for children or youth work. In consideration of this evaluation by KidCare America Mentoring After-School Program, I hereby release any individual, church, youth organization, charity, employer, reference, or any other person or organization, including record custodians, both collectively and individually, from any and all liability for damages of whatever kind of nature which may at any time result to me, my heirs, or family on account of compliance or any attempts to comply, with this authorization. I waive any right that I may have to inspect any information provided about me by any person or organization identified by me in this application.

Should my application be accepted, I agree to be bound by the Bylaws and policies of the KidCare America Mentoring After-School Program and to refrain from unscriptural conduct in the performance of my services on behalf of the center.

I further state that I HAVE CAREFULLY READ THE FOREGOING RELEASE AND KNOW THE CONTENTS THEREOF AND I SIGN THIS RELEASE AS MY OWN FREE ACT. This is a legally binding agreement which I have read and understand.

Applicant’s Signature: _____ Date _____

Parent or Guardian Signature (under 18) _____ Date _____

Director’s Signature: _____ Date _____

Approved Denied