



# KIDS HOPE USA

## Volunteer Application

Today's Date \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_  
Last First Middle

Cell Phone \_\_\_\_\_ Daytime Phone \_\_\_\_\_

Address \_\_\_\_\_  
Street City State Zip Code

E-mail Address \_\_\_\_\_

If you have lived at your current address less than seven years, provide information on all addresses during that period.

Address \_\_\_\_\_ City \_\_\_\_\_ Country \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Country \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Country \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

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

Are you 18 years of age or older? \_\_\_\_\_ yes \_\_\_\_\_ no

Have you ever been convicted of, pled guilty to, or pled no contest to a crime other than a minor traffic violation?  
\_\_\_\_\_ yes \_\_\_\_\_ no If yes, please explain.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**References** (Required for mentors and substitute mentors. Optional for prayer partners, unless they will be having regular contact with children)

List at least two references from places of employment or prior volunteer service, especially concerning previous work with youth. References must meet the following criteria: must be over age 18; must not be a relative; must have known you for at least one year.

1. Name \_\_\_\_\_ How do you know this person? \_\_\_\_\_

Length of time you've known this person \_\_\_\_\_ Address \_\_\_\_\_ City/ State \_\_\_\_\_

Home Phone ( ) \_\_\_\_\_ Work ( ) \_\_\_\_\_

Cell ( ) \_\_\_\_\_ Email Address \_\_\_\_\_

2. Name \_\_\_\_\_ How do you know this person? \_\_\_\_\_

Length of time you've known this person \_\_\_\_\_ Address \_\_\_\_\_ City/ State \_\_\_\_\_

Home Phone ( ) \_\_\_\_\_ Work ( ) \_\_\_\_\_

Cell ( ) \_\_\_\_\_ Email Address \_\_\_\_\_

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:

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*\* For promotional purposes, videos and photographs may be taken during the KHUSA mentoring hour or at KHUSA event. Occasionally, a photo of you may be shared with the KHUSA National Office to appear in the volunteer newsletter called Voices of Hope. Your application constitutes permission for KHUSA to use your picture in promotional material.*

### 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 attendee 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 hereby represent and warrant that the information contained in this application is correct and complete to the best of my knowledge. I authorize any references, or any other person or organization, whether or not identified in this application, to give you any information (including opinions) regarding my character and fitness for volunteer service. 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