



VOLUNTEER APPLICATION

– For Youth Applicants Age 15 or Younger –

Thank you for your interest in volunteering at ChildServe!

If you are under age 16, and interested in volunteering at ChildServe, please complete and submit the forms provided in this document.

If you are age 16 or older, please visit our website, www.childserve.org, to download the application packet for Adult Volunteers Age 16 and Older. You can also request a packet by contacting ChildServe's Volunteer Coordinator at 515.331.8139.

Instructions:

1. Complete the 2-page form provided.
2. Have your parent or guardian sign the form.
3. Mail, Email or fax your completed application to:

EMAIL: kaylens@childserve.org

MAIL: Kaylene Steele
Volunteer Coordinator
5406 Merle Hay Road
P.O. Box 707
Johnston, IA 50131

FAX: ATTN: Kaylene Steele
Volunteer Coordinator
515-276-0140

NOTE:

You may download and save these forms to your computer by clicking **File** on your menu bar and then, **Save As**.

These forms are interactive and may be filled out by typing in the highlighted areas, or you may print them and fill them in by hand.

QUESTIONS?

If you have any questions, please contact Kaylene Steele, ChildServe's Volunteer Coordinator, by phone at 515-331-8139 or email at kaylens@childserve.org



VOLUNTEER APPLICATION

(15 and Younger)

Date: _____ What or whom attracted you to ChildServe? _____

Personal Information:

Name: _____ Phone #: _____ Date of Birth: _____

Address: _____ City: _____ Zip Code: _____

Email Address: _____

Education (circle highest completed): *Grade School:* K 1 2 3 4 5 6 7 8 *High School:* 1 2 3 4

Please Tell Us About Yourself:

Your experience with children with disabilities: _____

Your experience as a volunteer: _____

Your hobbies, interests, and/or special training: _____

Do you have a record of founded child or dependent adult abuse? Yes No

Have you ever been found or plead guilty to a delinquent act? Yes No

If you have answered yes to any of the previous two questions, you are not eligible to volunteer at ChildServe.

Emergency Information:

In an emergency, notify: Name: _____ Relationship: _____

Daytime Phone: _____ Evening Phone: _____

Parents/Guardians: First Contact Name: _____

Daytime Phone: _____ Evening Phone: _____

Second Contact Name: _____

Daytime Phone: _____ Evening Phone: _____

Physician's Name: _____ Phone #: _____ Hospital Preference: _____

Volunteer Opportunities: (please check those that interest you)

- Service Volunteer** (Reading, Walking, Musical, Arts/Crafts)
- Special Events Volunteer** (Run 4 the Kids, Kids Week)

Availability for Volunteer Services: (please write your available hours in the appropriate box)

| | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday | Sunday |
|-------------------------|--------|---------|-----------|----------|--------|----------|--------|
| Morning 8-12pm | | | | | | | |
| Afternoon 12-5pm | | | | | | | |
| Evening 5-8pm | | | | | | | |

Applicant's Statement:

By signing below, I certify that the information on the front of this form is complete and true to the best of my knowledge. I understand that discovery of misrepresentation or omission of facts could be cause for immediate dismissal. I authorize this facility to investigate all statements contained in this application for volunteer services, as well as my character and qualifications. I authorize this facility to contact any of my references for full information. I authorize my past and present employer, volunteer organizations and others with information regarding my work, volunteering, or my character, to provide ChildServe, Inc. with all information requested and to cooperate fully with the inquiry of my character and qualifications. I also release those employers, references, and others from all liability for providing information in good faith and without malice. I understand that the facility will conduct a child abuse/criminal record check on my background. 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.

Waiver to Participate/Medical Release:

In consideration of your acceptance of my participation, I hereby, for myself, my heirs, executors and administrators, waive any and all rights and claims for damages I may now or hereafter have against individuals associated with this program and event(s), their agencies, representatives, successors and assigns, for any and all injuries suffered by me in said program event(s). I certify that: I have full knowledge of any risks involved; I'm physically fit and satisfactorily trained to participate; and I have no medical or physical conditions that prevent my participation. Further, if either me or my child sustains an injury or becomes ill while on the premises of, or while engaged in an activity associated with, ChildServe, Inc., I do hereby give my permission and/or consent to the personnel of ChildServe, Inc. to secure and authorize such emergency medical, dental, and/or other treatment as either me or my child might require.

I have read and understand the information contained on this form.

Applicant's Signature: _____ Date: _____

Parent/Guardian's Signature: _____ Date: _____