



## Volunteer Application

Thank you for your interest in becoming a volunteer with Project K.I.D.'s PlayCare Response Team. It is our goal to ensure the skills, experience and interest of our volunteers are suitable to the demands of working with children in emergency situations. We also want to ensure the safety and security of all children and volunteers. Please take the time to respond to the following questions.

### I. GENERAL

#### 1. Contact Information

Full Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ ST: \_\_\_\_\_ Zip: \_\_\_\_\_

County of Residence: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_

Social Security No: \_\_\_\_\_ Driver's License State and No: \_\_\_\_\_

Previous Names Used (including maiden) \_\_\_\_\_

Previous Counties/States of Residence \_\_\_\_\_

#### 2. Emergency Contact Information

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Mobile Phone \_\_\_\_\_

Alternate Emergency Contact (Name and Phone) \_\_\_\_\_

**3. Volunteer Position Interest (check all that apply):**

<input type="checkbox"/> <i>PlayCare Response Team Task Force</i> (team governance, administration, and ambassador)	<b>Support Positions:</b> <input type="checkbox"/> <i>Office Administration</i> <input type="checkbox"/> <i>Public Relations</i> <input type="checkbox"/> <i>First Responder Liaison</i> <input type="checkbox"/> <i>VOAD Liaison</i> <input type="checkbox"/> <i>Volunteer Management</i> <input type="checkbox"/> <i>Donations Management</i> <input type="checkbox"/> <i>Logistics (includes drivers)</i> <input type="checkbox"/> <i>Communications</i> <input type="checkbox"/> <i>Youth Volunteer Team</i> <input type="checkbox"/> <i>Translator—languages spoken</i> <hr/> <input type="checkbox"/> <i>Other (describe)</i> _____ <hr/>
<input type="checkbox"/> <i>PlayCare Site Coordinator</i> (direct care, personnel management and site oversight) Minimum one-week commitment during deployment, longer commitment preferred.	
<input type="checkbox"/> <i>PlayCare Volunteer Caregiver</i> (direct care for children in emergencies)	
<input type="checkbox"/> <i>Psychosocial Support/Counseling</i> describe credentials below	
<input type="checkbox"/> <i>Medical Support</i> describe credentials below	

**4. Do you have any health conditions you feel will affect your ability in this position?**

\_\_\_\_\_

\_\_\_\_\_

**5. How did you hear about this opportunity to volunteer?**

\_\_\_\_\_

\_\_\_\_\_

**6. Miscellaneous**

- Are you able to provide your own transportation to/from deployments? Y / N
- Automobile Insurance company and policy number: \_\_\_\_\_
- Do you carry personal liability insurance (umbrella policy)? Y / N

## II. EXPERIENCE

### 1. Previous experience working with children (circle all that apply)

Church-based Programs	In-home Child Care	Center-based Child Care	School Teacher/Head Start
After-school Programs	Youth Sports Coach	Bus Driver	Parent
Mental Health Providers	Medical Care Providers	Summer Camps	None

Please describe any work experience with children:

### 2. Previous experience in disaster response (describe all training, volunteer service, deployments):

Are you CPR Certified?            Y / N            Expires:

Are you First Aid Certified?      Y / N            Expires:

### 3. Do you have any other special training or skills relevant to this work? Please describe.

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**III. SCREENING**

**PLEASE ANSWER THE FOLLOWING QUESTIONS, if you answer yes, please explain:**

1. Have you ever been convicted of a crime (excluding minor traffic violations)? \_\_\_\_\_

\_\_\_\_\_

2. Have you ever been charged with, convicted of, or pleaded guilty to a crime related to child protection and safety, including (but not limited to) child abuse, child neglect, or sexual abuse?

\_\_\_\_\_

\_\_\_\_\_

3. Is there any other fact or circumstance in your background that may call into question your being entrusted with the supervision, guidance, and care of children or youth?

\_\_\_\_\_

\_\_\_\_\_

4. Will you authorize a background check? \_\_\_\_\_

**5. Please list three references whom we may contact to verify your suitability for this position:**

**REFERENCE #1**

NAME \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_

ADDRESS \_\_\_\_\_

TELEPHONE NUMBER \_\_\_\_\_

**REFERENCE #2**

NAME \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_

ADDRESS \_\_\_\_\_

TELEPHONE NUMBER \_\_\_\_\_

**REFERENCE #3**

NAME \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_

ADDRESS \_\_\_\_\_

TELEPHONE NUMBER \_\_\_\_\_

**IV: VERIFICATION, AUTHORIZATION, AGREEMENT, AND INDEMNIFICATION**

I, \_\_\_\_\_, verify that the information contained in the Screening Form, of which this Verification, Authorization, Agreement, and Indemnification is a part, is true and correct to the best of my knowledge. I authorize Project K.I.D. to conduct a local, state and national criminal background check and contact references. This information is to be used only to determine my suitability for volunteering.

In the event Project K.I.D> selects me to work in any capacity with children and youth, I affirm that I have read and will be bound by the Project K.I.D. Child Protection Guidelines.

I further state that I will, at my own cost, defend, indemnify, and hold harmless (in other words, reimburse and be responsible for) Project K.I.D. and its affiliates, trustees, officers, directors, employees, agents, volunteers, successors, and assigns against any and all claims for liability, injury, loss, damage, or expense (including attorneys' fees) in any way connected with or arising out of my negligent acts or intentional misconduct while working for Project K.I.D. with children and youth.

**THIS IS A VERIFICATION, AUTHORIZATION, AGREEMENT, AND INDEMNIFICATION. I HAVE READ THIS VERIFICATION, AUTHORIZATION, AGREEMENT, AND INDEMNIFICATION. I UNDERSTAND THAT I AM INCURRING SIGNIFICANT OBLIGATIONS BY SIGNING IT. I AM SIGNING THIS VERIFICATION, AUTHORIZATION, AGREEMENT, AND INDEMNIFICATION VOLUNTARILY.**

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date of Application

If the person whose information is contained in the Screening Form is not yet 18 years old, a custodial parent or the legal guardian(s) also must sign:

**AS THE CUSTODIAL PARENT(S) OR LEGAL GUARDIAN(S) OF THE ABOVE-NAMED INDIVIDUAL, I/WE VERIFY THAT I/WE FULLY UNDERSTAND, AGREE TO, AND ACCEPT ALL PROVISIONS OF THIS VERIFICATION, AUTHORIZATION, AGREEMENT, AND INDEMNIFICATION.**

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date