## **Application for Kinship Volunteer**

Ple	ase Print or Type.			
Naı	me			
	(Last)	(First)		(Middle initial)
Per	manent Address			
City	y/State	Z	ip	
Но	w long have you lived at this address	If less th	nan 5 years, list add	resses where lived previously
Ho	me Telephone ( )	Work	Telephone ( )	
Soc	cial Security Number			
Em	ployer		Position	
Wo	ork Hours	Ma	y we contact you at	t work?
EN	MPLOYMENT HISTORY (Please	begin list wit	h most recent pos	ition.)
1.	Employer			
	Address			
	Dates Employed			
	Position/Job Duties			
2.	Employer			
	Address			
	Dates Employed			
	Position/Job Duties			
3.	Employer			
	Address			
	Dates/Employed			
	Position/Job Duties			
	<b>DUCATION</b> (Circle the highest level gh school 9 10 11 12			
Major_		Degree		

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Lis	st current and/ or previous volunteer experience
Lis	st any experience working with children
Per	rsonal interest/ hobbies
	st any specific skills/qualifications/experiences you have which would be of value as a nShip volunteer
Но	ow did you learn of our Program?
Do	you have a valid driver's license? Do you have auto liability insurance?
Ha	we you ever been convicted of a crime other than a traffic violation?If yes, what arge? When? Where? we you had any personal or professional experiences involving  Child abuse or neglect Foster Care Court System Department of Human Services Other agencies offering services to children so, please explain
WI	hy do you wish to participate as a KinShip volunteer?
Ple	st complete information for 3 references, other than relatives, who know you well.  ease alert these references they will be contacted.  Name
2.	Name
3.	Name

## IN CASE OF EMERGENCY, Who Should Be Contacted?

Ι.	. Name	
	Address	
	Telephone Relationship	
2.	. Name	
	Address	
	TelephoneRelationship	
of a	Criteria used in the selection of volunteers will be such as to insure the individual is able to meet of a KinShip volunteer. No one will be rejected because of age, gender, sexual orientation, race, ationality, disability, or religion. All information will be held in confidence.	
fel	The KinShip Program will reject any applicant found to have been convicted of, or having charg elony or misdemeanor involving a sex offense, child abuse or neglect, or related acts that would hildren or the credibility of the KinShip Program.	
vol	understand that by submitting the application I authorize inquiries to be made concerning my strolunteer. Any information given in the processing of the application will be used only for the pletermining my suitability as a volunteer for the KinShip program.	
	(Applicant's signature) (Date)	