



Volunteer Application

Contact Information

Name: Mr./Mrs./Ms./Dr.			
	Last:	First:	M. Initial:
Local Street Address			
City ST ZIP Code			
Home Address (if different)			
City ST ZIP Code			
Home Phone		Cell Phone	
E-Mail Address			
Occupation		Date of Birth	
Employer Name/Address			
If volunteering as part of a group volunteer program specify the group_____			

Availability

During which hours are you available?

Weekday mornings Weekday afternoons Weekday evenings
 Weekend mornings Weekend afternoons Weekend evenings

Do you have a car/ access to transportation? Yes No

Interests

What is your area of interest?

Helping with weekend events Helping with Annual Basketball Marathon
 Administrative (newsletter, website, etc) Outreach

Please tell us why you are interested in volunteering with BounceBack Kids.

Personal Background

Please check yes or no

- | | | |
|---|------------|----------|
| 1. Do you use illegal drugs? | *yes _____ | no _____ |
| 2. Have you ever been convicted of a criminal offense? | *yes _____ | no _____ |
| 3. Have you ever been charged with neglect, abuse or assault? | *yes _____ | no _____ |
| 4. Has your driver's license ever been suspended or revoked in any state? | *yes _____ | no _____ |

*You may be asked to provide a written explanation for questions answered "yes".

Emergency Contact

Name			
Street Address			
City ST ZIP Code			
Home Phone		Work Phone	
E-Mail Address			

Agreement and Signature

Please read before signing

I understand the following:

- in the course of volunteering for BounceBack Kids I may be dealing with confidential information and I agree to keep said information in the strictest confidence;
- in relationship between BounceBack Kids volunteers is an 'at will' arrangement, and that it may be terminated at any time without cause by either the volunteer or BounceBack Kids
- I grant BounceBack Kids permission to use my likeness, voice and words in television, radio, film or in any form to promote activities of BounceBack Kids
- I hereby agree to release, discharge and hold harmless BounceBack Kids, its officers, agents, its directors and employees of and from all causes, liabilities, damages, claims or demands on account of any injury or accident arising out of my attendance and participation as a volunteer in BounceBack Kids;
- I understand that the activities and/or competitions held at and in connection with BounceBack Kids and my attendance and participation as a volunteer may involve risks of injury to which I will be exposed;
- I acknowledge that I am in good physical condition and that I am unaware of any existing medical condition(s) which would prevent me from participating as a volunteer with BounceBack Kids
- I grant permission to BounceBack Kids and its employees and agents to take whatever measures are necessary to provide medical care and treatment that is deemed advisable and to obtain any necessary emergency treatment that is deemed advisable.

I affirm that I have read the above and that the information I have given is true and complete

Signature		Date	
Name (printed)			
Initial One			
Volunteer is at least eighteen (18) years of age and executes this release on his/her own behalf _____			
Volunteer is less than eighteen (18) years of age. The undersigned is the _____ parent _____ legal guardian (initial one) of the volunteer and executes this Release on behalf of the volunteer.			
Signature		Date	
Name (printed)			