



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:

** 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



KIDS HOPE USA

Personal Reference Form

To be completed & returned by mail OR through telephone interview
-CONFIDENTIAL-

PART 1: TO BE COMPLETED BY APPLICANT

Name of Applicant _____ Name of Reference _____

Address _____ Address _____

City _____ State _____ Zip _____ City _____ State _____ Zip _____

Telephone () _____ Telephone () _____

PART 2: TO BE COMPLETED BY KIDS HOPE USA DIRECTOR

Director Name _____

Church _____

Address _____

City _____ State _____ Zip _____

Church Telephone () _____

Reminder: Attach to this form a description of the mentor job description

PART 3: TO BE COMPLETED BY REFERENCE

Instructions: The applicant listed above has applied to be a KIDS HOPE USA mentor for our church. In order to determine the applicant's suitability for this position, we are asking that you take a few moments to complete and return this reference form to the KIDS HOPE USA director listed above. Please use an envelope marker *Personal and Confidential*. Your cooperation is greatly appreciated.

1. In what capacity do you know the applicant? _____

2. How long have you known the applicant? _____

3. On a scale of 1 to 5 (with 1 being a LOW rating and 5 being a HIGH rating), please rate the applicant on each of the following characteristics. If you have insufficient knowledge to comment on a particular characteristic, please note that.

CHARACTERISTICS	RATING					COMMENTS
	1	2	3	4	5	
Ability to work well with others	1	2	3	4	5	
Personal motivation and initiative	1	2	3	4	5	
Dependability	1	2	3	4	5	
Trustworthiness	1	2	3	4	5	
Attitude	1	2	3	4	5	
Personal follow-through	1	2	3	4	5	

4. Based on your knowledge of the applicant's character and background, which of the following best reflects your evaluation of the applicant's suitability as a KIDS HOPE USA mentor:

- Highly recommend
- Recommend
- Neutral
- Do not recommend
- Insufficient knowledge to form an opinion

Please provide any additional comments concerning the suitability of this applicant for a position in our ministry below or on a separate sheet.

Signature _____ Date _____

Print name and title _____

Once completed, please return this form to the KIDS HOPE USA director noted in Part 2 on the front of this form. Please use an envelope marked *Personal and Confidential*. Thank you for your assistance.

FOR OFFICE USE ONLY - Interviewer comments: