

VOLUNTEER INFORMATION SHEET & BACKGROUND CHECK		
Volunteer Information		
Name (include suffix):	Maiden Name:	Profession:
Date of birth:	SSN:	Phone:
Current Address	Driver's License:	State:
City:	State:	ZIP Code:
E-Mail Address:		
Spouse Information (if volunteering)		
Name (include suffix):	Maiden Name:	Profession:
Date of birth:	SSN:	Phone:
Current Address	Driver's License:	State:
City:	State:	ZIP Code:
E-Mail Address:		
Previous Addresses		
Street address:		
City:	State:	ZIP Code:
Street address:		
City:	State:	ZIP Code:
Background Check Authorization Signatures		
<p>I, the undersigned, pursuant to applying as a volunteer with Kids at Heart, hereby grant permission to the Boys & Girls Club Organization to use the above information to run any and all local, state, and national screening and background checks required. I understand that any information gathered is strictly for the purpose of determining my suitability for working with youth, and that all information gathered will be kept confidential.</p>		
Signature of applicant:		Date:
Signature of spouse:		Date:

Please fill out the information on the back for **each** adult who is intending to volunteer.

Please briefly answer the following questions:

NAME: _____

I would like to volunteer with Kids at Heart because,

I have the following experience with children,

I would like to participate as a volunteer for Kids at Heart in the following ways:

If I chose to participate as a Fundango volunteer in direct service,
My two favorite age groups will likely be Nursery 3-6 6-9 9-12 Teens (please circle two)

I am not as comfortable with kids of _____ ages.

If I were asked to lead a station, I would be interested in: *(please check all that apply)*

- Crafts
- Gym
- Snack
- Special Rotation
- I'll take any station!
- I'd rather not lead a station

NAME: _____

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- Gym
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- Special Rotation
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- I'd rather not lead a station

Please continue on a separate sheet of paper if needed or if there is any additional information we should know,

Kids At Heart Volunteer Waiver

Name of Volunteer _____

Name of Parent if Volunteer is under 18 _____

Emergency Contact Name _____

Emergency Contact Number (_____) _____

Functions and Activities

It is my understanding that volunteering for the programs and recreational activities of [KIDS AT HEART](#) at the [Fort Collins Boys and Girls Club](#), [First Christian Church Loveland](#) or any other facility is a privilege. Prior to my participation in such activities, I acknowledge that there are certain risks associated with the activities, including, by way of example, physical injury due to activity-related accidents, and physical injury due to transportation-related accidents, illness, or even death. In addition, I acknowledge that there may be other risks inherent in these activities of which I may not be presently aware.

Release of Liability

By signing this Waiver Form, I expressly warrant that I am capable of withstanding both the physical and mental demands of the activities discussed above. I also expressly assume all risks of participating in the activities, whether such risks are known or unknown to me at this time. I further release [Kids at Heart](#) and [HEART OF THE ROCKIES CHRISTIAN CHURCH](#) and its ministers, leaders, employees, volunteers, and agents from any claim that I may have against them as a result of injury or illness incurred during the course of participation in the activities. This release of liability shall include (without limitation) any claims of negligence or breach of warranty. This release of liability is also intended to cover all claims that members of my family or estate, heirs, representatives, or assigns may have against [KIDS AT HEART OR HEART OF THE ROCKIES CHRISTIAN CHURCH OR](#) its ministers, leaders, employees, volunteers, or agents.

I further agree to indemnify and hold harmless the program, the church and its ministers, leaders, employees, volunteers, or agents from any and all claims arising from my participation in its activities and programs, or as a result of injury or illness of my child during such activities.

First Aid and Emergency Medical Treatment

I recognize that there may be occasions where I may be in need of first aid or emergency medical treatment as a result of an accident, illness, or other health condition or injury. I do hereby give permission for agents of [KIDS AT HEART](#) to seek and secure any needed medical attention or treatment, including hospitalization, if in the agent's opinion such need arises. In doing, so I agree to pay all fees and costs arising from this action to obtain medical treatment. I give permission for attending physician(s) and other medical personnel to administer any needed medical treatment, including surgery and, again, I agree to pay for the medical treatment.

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Health Insurance Information

Insurance Company _____ Doctor's Name

Medical, Diet Or Allergy Concerns

Special medical needs or concerns (allergies, conditions, dietary needs, medications, etc.):

Other Information

Other information leaders should know about you:

The following will be completed at your first Fundango or the Orientation and Training:

I hereby consent to the Waiver Form, including the Release of Liability above and agree that this Waiver Form shall be binding upon me, my family, heirs, legal representatives, successors, and assigns.

Signature of Volunteer _____ **Date** _____

Witness Signature _____

If Volunteer is under 18:

I represent that I am the parent/guardian of the child named above, who is under 18 years of age. I have read the above Waiver Form and am fully familiar with the contents thereof.

Signature of Legal Guardian _____ **Date** _____

Witness Signature _____

Confidentiality Statement

I/We _____, as volunteers for Kids at Heart, understand that the records and information available to me/us through our position as a volunteer is **CONFIDENTIAL**. All information relating to the children and their parents is not to be used outside of Kids at Heart for any purpose. I/We agree to preserve the confidentiality of any information obtained pursuant to me/our acceptance as a volunteer and will not disclose such information to anyone who is **NOT** directly involved with the individuals through Kids at Heart without a release of information or court order. I/We agree at all times and for all time to abide by all applicable confidentiality requirements as outlined in this statement. Any child protection concerns should be addressed with Kids at Heart staff who will report to the proper authorities.

Print Name

Signature of Volunteer

Date

Print Name

Signature of Kids at Heart staff

Date