



# Kiwaniis®

## Kiwaniis Thrift Shop Volunteer Application

Full Name: \_\_\_\_\_ Nickname \_\_\_\_\_ Gender \_\_\_\_\_

Home address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone, Home: \_\_\_\_\_ Mobile: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Email: \_\_\_\_\_

If you are a Kiwanian: Club name: \_\_\_\_\_

I am submitting this application for being a Shop Volunteer and agree to conform to the rules of the Kiwanis Thrift Shop.

### Volunteer sponsor (optional)

I support \_\_\_\_\_ as a volunteer for our Kiwanis Thrift Shop.

Sponsor name: \_\_\_\_\_ Date: \_\_\_\_\_

### Volunteer Commitment

As a Kiwanis Thrift Shop Volunteer, I will abide by the Shop's rules and procedures.

I will do the following:

1. Attend a Shop orientation.
2. Submit information for a background check.
3. Work a mutually agreed to Shop shift.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_



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### Background Check

Our Organization requires background check for all members and volunteers.

Please answer the following questions and sign where indicated.

1. How long have you resided in Anacortes? \_\_\_\_\_
2. Have you ever: been convicted of a crime? Yes \_\_\_\_, No \_\_\_\_
3. Have you ever: been subject to a temporary or permanent restraining decree or order?
4. Have you ever: been involuntarily committed to a mental health institution

If any of questions 2 through 4 are answered “yes” please give a brief description of the facts.

Once this application is received you will be contacted, and we will guide you to the SafeHiring Solutions® web site to conduct your background check. Your personal data is confidential and not shared with any outside agency.

I give my permission for the Kiwanis Club of Anacortes to make conduct necessary background checks and agree to cooperate in this process.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Print full name: \_\_\_\_\_

#### **For Kiwanis Club of Anacortes use only**

Recommendation of the Shop Committee

Background check was clear: yes , no

The committee voted to \_\_\_\_\_ this application. Date: \_\_\_\_\_

Chairperson signature: \_\_\_\_\_