



VOLUNTEER APPLICATION

GENERAL INFORMATION:

Name: _____

Address: _____ City: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

E-mail Address: _____

DOB: _____

Occupation/ Title: _____

Please list your volunteer and work experience below.

Company Name	When you worked	Phone Number	Brief description of experience

The following information is not required, but would help Soaring Kidz when applying for certain grants:

SEX: Female Male

ETHNICITY: Caucasian African-American Hispanic Asian Native American

Other: _____

Highest Level of education completed: _____

School: _____ Area of Study: _____

How did you learn about our volunteer program? _____

Are you volunteering to fulfill a professional requirement? Yes No

Are you volunteering to fulfill a class requirement? Yes No

If yes, how many hours are you required to complete? _____ By when? _____

What languages do you speak? English Spanish Other _____

Please list any special skills or certifications you may have:

If you are 18 years or younger, please fill out the following:

Parent/Guardian Name:		
Phone/Cell Phone:		
Parent's Employer:		
Parent's Work Phone:		

Please list 3 personal references, which are not related to you but have known you for at least one year:

Reference Name	Relationship	Phone Number

Release

* Volunteers understand that we will conduct a criminal background check if deemed necessary and that by signing this application permission is given to complete this part of the volunteer screening process.

* Volunteers must provide 3 references before working with children in any of our programs.

Volunteer Signature: _____ Date: _____

Parent's Signature (If under 18 years of age): _____ Date: _____

Please print the VOLUNTEER INFORMATION pages for your reference.

Please submit your completed VOLUNTEER APPLICATION to:

Soaring Kidz
P.O. Box 841953
Houston, Texas 77284
soaring.kidz@gmail.com