

VOLUNTEER APPLICATION

| | | | | |
|-----------------------------|-----------------------|------------|------------------------|---------------|
| PERSONAL INFORMATION | | First Name | Middle Name | Last Name |
| Address (local) | | City | State | Zip Code |
| Address (permanent) | | City | State | Zip Code |
| Primary Telephone # | Secondary Telephone # | Birth Date | Social Security Number | Email Address |

Date: _____ **Please Circle:**

Have you ever been convicted of a felony? Yes No
 If yes, please explain: _____

Preferred T-shirt Size S M L XL XXL

If accepted, when are you able to start volunteering? Date: _____

Please indicate days and times/hours you are available:
 Mon_____ Tues_____ Wed_____ Thurs_____ Fri_____ Weekends_____

If you are a student and are earning volunteer hours for a class or school requirement, please complete the following information. This information will be used to verify the completion of volunteer hours with the appropriate person.

Course or Program _____ Number of Hours Required to Fulfill _____

Program Supervisor _____ Supervisor's Email _____

How did you find out about this opportunity? _____

Please list any additional training, specialties, languages, or certifications and years of experience: _____

Please list any relevant experience: office, special events, drama, fitness, dance, or cheer and years of experience: _____

Please list any experience working with kids or other volunteer activities and years of experience: _____

| | | | |
|---|-----------------|---|------------|
| VOLUNTEER INTERESTS | | Please indicate area(s) of interest. | |
| SUMMER POSITIONS | | SPRING/FALL POSITIONS | |
| _____ Office & Administrative Volunteer | | _____ Office & Administrative Volunteer | |
| _____ Special Events & Fundraising Volunteer | | _____ Special Events & Fundraising Volunteer | |
| _____ Marketing Intern | | _____ Marketing Intern | |
| _____ Camp Volunteer Instructor <i>(working with kids ages 3-12)</i> | | _____ Class Volunteer Instructor <i>(working with kids ages 3-12)</i> | |
| EDUCATION/TRAINING | | | |
| High School | Course of Study | Degree/Diploma | |
| City | | Date of Graduation | |
| State | | | |
| College/University/Other | Course of Study | Degree/Diploma | |
| City | | Date of Graduation | |
| State | | | |
| WORK EXPERIENCE | | Please indicate previous work experience, if applicable. | |
| Employer | Phone | Position | Supervisor |
| Duties | | | |
| Employer | Phone | Position | Supervisor |
| Duties | | | |
| REFERENCES <i>Please do not use relatives</i> | | Name and Occupation | Phone |
| 1) | | | |
| 2) | | | |
| STATEMENT OF VALIDITY | | | |
| I declare the information provided by me in this application is true, correct, and complete to the best of my knowledge. I understand that if chosen as a volunteer, any falsification, misstatement, or omission of fact in connection with my application, whether on this document or not, may result in immediate termination of volunteer position. I authorize you to verify any and all information provided above. I acknowledge that if I become a volunteer, I will be free to terminate my position at any time for any reason, and that Club KidFit retains the same rights. No Club KidFit representative has the authority to make any contrary agreement. I hereby give permission to contact the references listed. | | | |
| Signature | | | Date |

Please return application to Jessica Cooper, Marketing & Development Manager
 PO Box 410181 | Saint Louis, MO | 63141
PHONE (314) 488-4154 | **FAX** (314) 432-5382 | **EMAIL** JCooper@ClubKidFit.org

Club KidFit is dedicated to providing kids and families with knowledge and resources to live an active, healthy lifestyle. Club KidFit wellness programs engage, entertain and educate today's youth in a positive, non-competitive environment.