



List current and/ or previous volunteer experience \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

List any experience working with children \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Personal interest/ hobbies \_\_\_\_\_  
\_\_\_\_\_

List any specific skills/qualifications/experiences you have which would be of value as a KinShip volunteer \_\_\_\_\_  
\_\_\_\_\_

How did you learn of our Program? \_\_\_\_\_  
\_\_\_\_\_

Do you have a valid driver's license? \_\_\_\_\_ Do you have auto liability insurance? \_\_\_\_\_

Have you ever been convicted of a crime other than a traffic violation? \_\_\_\_\_ If yes, what charge? \_\_\_\_\_ When? \_\_\_\_\_ Where? \_\_\_\_\_

Have you had any personal or professional experiences involving.....  
\_\_\_\_\_ Child abuse or neglect \_\_\_\_\_ Foster Care \_\_\_\_\_ Court System  
\_\_\_\_\_ Department of Human Services \_\_\_\_\_ Other agencies offering services to children  
If so, please explain \_\_\_\_\_  
\_\_\_\_\_

Why do you wish to participate as a KinShip volunteer? \_\_\_\_\_  
\_\_\_\_\_

List complete information for 3 references, other than relatives, who know you well.  
Please alert these references they will be contacted.

1. Name \_\_\_\_\_  
Address \_\_\_\_\_  
City, State, Zip \_\_\_\_\_  
Telephone \_\_\_\_\_ Relationship \_\_\_\_\_

2. Name \_\_\_\_\_  
Address \_\_\_\_\_  
City, State, Zip \_\_\_\_\_  
Telephone \_\_\_\_\_ Relationship \_\_\_\_\_

3. Name \_\_\_\_\_  
Address \_\_\_\_\_  
City, State, Zip \_\_\_\_\_  
Telephone \_\_\_\_\_ Relationship \_\_\_\_\_

**IN CASE OF EMERGENCY, Who Should Be Contacted?**

- 1. Name \_\_\_\_\_  
Address \_\_\_\_\_  
Telephone \_\_\_\_\_ Relationship \_\_\_\_\_
  
- 2. Name \_\_\_\_\_  
Address \_\_\_\_\_  
Telephone \_\_\_\_\_ Relationship \_\_\_\_\_

Criteria used in the selection of volunteers will be such as to insure the individual is able to meet the responsibilities of a KinShip volunteer. No one will be rejected because of age, gender, sexual orientation, race, ethnicity, nationality, disability, or religion. All information will be held in confidence.

The KinShip Program will reject any applicant found to have been convicted of, or having charges pending for, a felony or misdemeanor involving a sex offense, child abuse or neglect, or related acts that would pose risks to children or the credibility of the KinShip Program.

I understand that by submitting the application I authorize inquiries to be made concerning my suitability as a volunteer. Any information given in the processing of the application will be used only for the purpose of determining my suitability as a volunteer for the KinShip program.

\_\_\_\_\_  
(Applicant's signature)

\_\_\_\_\_  
(Date)