



# Volunteer Application

Please complete this entire application. You may type this information on your computer, save the document and then return via email to [info@kidzcope.org](mailto:info@kidzcope.org). For those documents that require your signature, you will be asked to sign those documents at your interview.

Date:

Name:

Address:

City/State/Zip

Email:

Phone: \_\_\_\_\_ Is this a cell phone?    Yes    No

Are you employed?    Yes    No    Current Employer: \_\_\_\_\_

How do you prefer to be contacted?    Phone    Email

Have you had any volunteer experience?    Yes    No  
Describe \_\_\_\_\_

Have you had any volunteer experience with children ages 3 - 18?    Yes    No  
Describe \_\_\_\_\_

## Emergency Contact

Name:

Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

## Volunteer Opportunity Preference

Please choose from this list. You may mark all that apply to your interest. See the explanations at the end of this application.

- |  |   |
|--|---|
| <input type="checkbox"/> Mending Lives Host              | <input type="checkbox"/> Monday Night Connect Host              |
| <input type="checkbox"/> Mending Lives Group Facilitator | <input type="checkbox"/> Monday Night Connect Group Facilitator |

Group Facilitators may choose an age group they are comfortable working with: (check all that apply)

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> 3 - 4 year olds   | <input type="checkbox"/> 5 - 7 year olds   | <input type="checkbox"/> 8 - 10 year olds |
| <input type="checkbox"/> 11 - 13 year olds | <input type="checkbox"/> 14 - 18 year olds | <input type="checkbox"/> Adults           |



## Volunteer References

(not former employees or relatives)

Name:

Address:

City/State/Zip

Phone:

Email:

Relationship:

Name:

Address:

City/State/Zip

Phone:

Email:

Relationship:

Name:

Address:

City/State/Zip

Phone:

Email:

Relationship:



# Volunteer Background Check Authorization Form

As a prospective volunteer at Kidzcope, Inc., I understand that it is Kidzcope's policy to secure criminal history information using the Sex Offender Registry (SOR) and the Kansas Bureau of Investigation (KBI) Background Check as part of its volunteer screening process.

Name: Last First MI

Maiden Name: Name(s) Previously Used:

Ethnicity: Asian/Pacific Islander Black/African American Caucasian  
Native American Hispanic/Latino

Social Security Number:

Date of Birth:

Gender: Male Female

1. Have you ever pled guilty or been convicted of a felony in a state or federal court?

Yes No If yes, list date, city and state offense/felony occurred:

Detailed description of the offense/felony:

2. Have you ever pled guilty or been convicted of a misdemeanor in a state or federal court?

Yes No If yes, list date, city and state offense/misdemeanor occurred:

Detailed description of the offense/misdemeanor:

3. Do you have any charges pending against you or are you the subject of a current criminal investigation? Yes No If yes, list date, city and state of the charge(s):

Provide a detailed description of the charge(s) or investigation:

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

to be signed at time of interview



## Kidzcope & Confidentiality

Children and families who come to Kidzcope are extremely vulnerable while in the midst of learning to begin again after a death has rocked the families' very existence.

Depending upon your volunteer role, you may become an important piece of a families' healing process. While at Kidzcope, a family opens their hearts and shares precious thoughts, emotions, deeply personal situations and experiences. They share facts and feelings during group sessions that may be upsetting. Often, they have not shared these pieces of themselves anywhere else - not even with other family or friends. They share at Kidzcope what they're not ready to share anywhere else - or what they may not want anyone else to know.

It is a high responsibility to know the thoughts, feeling and experiences of these children and families. That is why we hold confidentiality in the highest regard and why all staff and volunteers are required to sign the confidentiality statement.

### Confidentiality Statement

Recognizing that Kidzcope, Inc. deals with extremely sensitive matters, I will consider as confidential all information I come in contact with that directly or indirectly concerns the children Kidzcope serves or their families.

I will scrupulously protect the confidential nature of all conversations, records, reports and meetings where materials relative to the children and their families are processed or written. I understand and agree that no private or confidential data collected, maintained, or used may be disclosed or disseminated to anyone, except as authorized by law.

Business affairs including isolated and/or detailed operating statistics and financial data are considered confidential. I will not release any confidential material or information unless I have been given authority to do so by the Executive Director or the Board President.

I understand it is a responsibility of volunteers to protect and safeguard such confidential information as described above and only share such information on a "need-to-know" basis with other Kidzcope employees and volunteers. Information shared or obtained must be what is "minimally necessary." The wrongful release of confidential information may subject a volunteer or employee to fines, legal or other disciplinary action.

Volunteer group facilitators are obligated to inform Kidzcope staff, if any of the four instances occurs:

- 1) Any indication of suicidal expression by a group member;
- 2) Indications of physical, mental, sexual abuse and/or neglect;
- 3) Concerns about possible substance abuse;
- 4) If there is a suspicion a group member might commit an act of violence.

Signature below indicates an understanding and acceptance of the above conditions:

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

To be signed at time of interview

Volunteer Name:



# Volunteer Opportunity Descriptions

## Mending Lives Peer Group Host

Need: One for each group night

Days: Tuesday & Wednesday

Time: 5:30 – 8:30 PM

Responsibilities: Arrive at Kidzcope at 5:30 PM on night of group, Help families find rooms on first night, Be available to assist facilitators if child needs to be taken to rest room or needs some other assistance, Prepare snack table at 5:30, Knock on group room doors at 7:35 PM to let facilitators know 10 min are left for group time, Clean up after the families leave, Attend to refreshment table and assist children in getting treats.

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## Monday Night Connect Group Host

Need: U} ^ Á [ • c

Öæ Á Third Monday of each month Ç c & ] ö ^ & { à ^! D

Time: 5:30 – 8:30 PM

Responsibilities: Arrive at Kidzcope at 5:30 PM, Prepare snack table at 5:30, Clean up after the families leave, Attend to refreshment table and assist children in getting treats.

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