



KIDSIGHT VOLUNTEER APPLICATION

CONTACT INFORMATION

Name: _____ Date of Birth: _____

Address: _____
City State Zip

Home Phone: _____ Cell Phone: _____

Email Address: _____

How can we contact you? : Home Phone Cell Phone Email Text Message

WORK/VOLUNTEER HISTORY

Are you (check one):

Employed Retired Student Other _____

List any language, other than English, which you speak fluently: _____

What skills and interests do you have relating to KidSight? :

Have you ever volunteered with us or another organization? (Tell us about your experience below):

Are you a Lion's Club member? (If yes, which Club?): _____

VOLUNTEER POSITION

Which position are you applying for (check one)? :

Vision Screening Assistant (1-2 times a year) Volunteer Screening Technician (4+ times a month)

REFERENCES

Please list two references: friend, employer, coworker, fellow organization member, etc.

Reference Name

Phone Number

1. _____

2. _____



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VOLUNTEER AGREEMENT

I agree not to consume or use tobacco products on any volunteer assignment. _____ **(initial)**

I agree not to consume, use, possess, or be under the influence of any drug or alcohol products on any volunteer work assignment. _____ **(initial)**

I understand that any pattern of conduct that would tend to disrupt, diminish or otherwise jeopardize public/client trust KidSight will result in dismissal. _____ **(initial)**

I understand that my volunteer assignment with KidSight may be terminated at any time. _____ **(initial)**

I understand my involvement with KidSight may include coverage in the media. I approve the use of my likeness, voice, photograph, words and any other creative work without payment or consideration by the media or KidSight. _____ **(initial)**

I have read, understand and agree to the protocols outlined in the KidSight Volunteer Handbook _____ **(initial)**

WAIVER OF LIABILITY

In consideration of KidSight allowing me to participate in volunteer programs, and being aware of the possible injuries that could occur as a result of that participation, I on behalf of myself release KidSight employees, agents, instructors from any and all injuries and damages whatsoever from participating in events.

I, my heirs and representative, agree to indemnify, save and hold harmless KidSight, its officials, employees, and agents from any and all claims made by me or my insurer for injuries or damages related to these events. _____ **(initial)**

I certify that all information provided on this application and during the interview process is true and complete. I understand that falsification or significant omissions of any information may be considered justification for non-acceptance or dismissal if discovered at a later date and that appointment to a volunteer position may be contingent upon the completion and review of a criminal background check. _____ **(initial)**

DISCLOSURE REGARDING BACKGROUND INVESTIGATION

KidSight may obtain information about you from a third party consumer reporting agency for employment purposes. Thus, you may be the subject of a "consumer report" and/or an "investigative consumer report" which may include information about your character, general reputation, personal characteristics, and/or mode of living, and which can involve personal interviews with sources such as your neighbors, friends, or associates. These reports may contain information regarding your criminal history, social security verification, or other background checks.

You have the right, upon written request made within a reasonable time, to request whether a consumer report has been run about you, and disclosure of the nature and scope of any investigative consumer report and to request a copy of your report. Please be advised that the nature and scope of the most common form of investigative consumer report is an employment history or verification. These searches will be conducted by Validity Screening Solutions, PO Box 25406, Overland Park, KS 66225-5406, (866) 915-0792, www.validityscreening.com. The scope of this disclosure is all-encompassing, however, allowing the Company to obtain from any outside organization all manner of consumer reports throughout the course of your employment to the extent permitted by law. _____ (initial)

ACKNOWLEDGMENT AND AUTHORIZATION FOR BACKGROUND CHECK

I acknowledge receipt of the separate document entitled A SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT and certify that I have read and understand both of those documents. I hereby authorize the obtaining of "consumer reports" and/or "investigative consumer reports" by the Organization at any time after receipt of this authorization and throughout my employment, if applicable. To this end, I hereby authorize, without reservation, any law enforcement agency, administrator, state or federal agency, institution, school or university (public or private), information service bureau, employer, or insurance company to furnish any and all background information requested by Validity Screening Solutions, PO Box 25406, Overland Park, KS 66225-5406, (866) 915-0792, www.validityscreening.com, and/or Organization itself. I agree that a facsimile ("fax"), electronic or photographic copy of this Authorization shall be as valid as the original. _____ (initial)

BACKGROUND CHECK INFORMATION – PLEASE COMPLETE ALL SECTIONS*

First Name: _____ Last Name: _____ M.I.: _____

Other Names/Alias: _____

*Social Security #: _____ *Date of Birth (mm/dd/yyyy): _____

Email Address: _____

State of Driver's License: _____ Driver's License #: _____

Present Address: _____

Home Phone Number: _____ Cell Phone: _____

**This information will be used for background screening purposes only.*

Applicant Signature: _____

Applicant Name (Printed): _____

Please return this application to:

Email: volunteer@kid-sight.org
Mail: 10560 N. Ambassador Dr.
Suite 210
Kansas City, MO 64153