

VOLUNTEER AGREEMENT

I agree not to consume or use tobacco products on any volunteer assignment.

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

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

I understand that my volunteer assignment with KidSight may be terminated at any time.

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.

I have read, understand and agree to the protocols outlined in the KidSight Volunteer Handbook

Signature: _____ Date: _____

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.

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.

Signature: _____ Date: _____

DISCLOSURE REGARDING BACKGROUND INVESTIGATION

KidSight (“the Company”) may obtain information about you from a 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, credit history, motor vehicle records (“driving records”), verification of your education or employment history or other background checks. You have the right, upon written request made within a reasonable time after receipt of this notice, to request disclosure of the nature and scope of any investigative consumer report. Please be advised that the nature and scope of the most common form of investigative consumer report obtained with regard to applicants for employment is an investigation into your education and/or employment history conducted by CriminalRecordCheck.com (CRC), PO Box 90998, Raleigh, North Carolina 27675; 877-272-0266; www.criminalrecordcheck.com, or another outside organization. You should carefully consider whether to exercise your right to request disclosure of the nature and scope of any investigative consumer report.

ACKNOWLEDGMENT AND AUTHORIZATION FOR REGARDING BACKGROUND INVESTIGATION

I acknowledge receipt of the DISCLOSURE REGARDING BACKGROUND INVESTIGATION and 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 KidSight (“the Company”) 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, insurance company or other party to furnish any and all background information requested by CriminalRecordCheck.com (CRC), PO Box 90998, Raleigh, North Carolina 27675; 877-272-0266; www.criminalrecordcheck.com (“the Agency”), another outside organization acting on behalf of KidSight, and/or KidSight itself. I agree that a facsimile (“fax”) or electronic or photographic copy of this Authorization shall be as valid as the original.

Signature: _____ Date: _____

Print Name: _____

BACKGROUND CHECK INFORMATION – PLEASE COMPLETE ALL SECTIONS

First Name: _____ Middle Name: _____

Last Name: _____

Address: _____

City

State

Zip

Date of Birth (mm/dd/yyyy): _____

Social Security Number*: _____

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