



Volunteer Application Packet • For Adults Age 16 and Over

ChildServe thanks you for volunteering!

If you are over the age of 16 and interested in volunteering at ChildServe, please complete and submit the forms provided in this document. **If you are under age 16**, please visit our website, www.childserve.org, to download the application packet for Youth Volunteers Under Age 16. You can also request a packet by contacting the Volunteer Coordinator at 515.331.8139.

This packet includes:

ChildServe Volunteer Application

Instructions

- Complete the 2-page form provided.
- Return the completed application to the Volunteer Coordinator. (see below)

Reference Letter Forms (2)

Instructions

- Please provide references from **two** people -not related to you - who know you well.
- Complete the top portion of each form with your name **and** the name and complete mailing address of your reference.
- Return the forms with your Application and Record Check to the Volunteer Coordinator. (see below)

Iowa Healthcare Facility Record Check Form C

Instructions

- This background check is required by the State of Iowa for applicants over age 16.
- Complete **ONLY THE HIGHLIGHTED FIELDS**.
- Return the form with your Volunteer Application to the Volunteer Coordinator. (see below)

Please complete the forms using the information provided above, then mail or fax the completed forms to:

MAIL TO: Kaylene Steele, Volunteer Coordinator
5406 Merle Hay Road
P.O. Box 707
Johnston, IA 50131

OR FAX TO: ATTN: Kaylene Steele, Volunteer Coordinator
515-276-0140

NOTE

You may download and save these forms to your computer by clicking **File** on your menu bar and then, **Save As**. These forms are interactive and may be filled out by typing in the highlighted areas, or you may print them and fill them in by hand. *For your security, we do not recommend e-mailing the completed forms.*

QUESTIONS?

If you have any questions, please call or e-mail
Kaylene Steele, Volunteer Coordinator
at 515-331-8139 or kaylens@childserve.org

CHILDSERVE, INC.
VOLUNTEER APPLICATION

Today's Date: _____ What or whom attracted you to ChildServe? _____

Name: _____ Phone Number: _____ Date of Birth: _____
(Mr., Ms., Mrs., Miss) (Month/Day)

Address: _____ City: _____ Zip Code: _____

Email Address: _____

Current Employer: _____ Position: _____ Phone: _____

Education: Grade School: K 1 2 3 4 5 6 7 8 High School: 1 2 3 4 College: 1 2 3 4 Graduate: 1 2 3 4

PLEASE TELL US ABOUT YOU:

Your experience with children with disabilities: _____

Your experience as a volunteer: _____

Your hobbies, interests, and/or special training: _____

Do you have a record of founded child or dependent adult abuse? Yes _____ No _____

Have you ever been convicted of or plead guilty to a crime? Yes _____ No _____

EMERGENCY INFORMATION:

Do you have any medical conditions which may require the use of a medications or emergency medical treatment; i.e. diabetes, heart condition, epilepsy, and etc.? _____

In an emergency notify: _____ / _____
(Name) (Relationship)
_____ / _____
(Daytime Phone Number) (Evening Phone Number)

If under age 18, Parent/Guardian's Name: _____
(First Contact)
_____ / _____
(Daytime Phone Number) (Evening Phone Number)

If under age 18, Parent/Guardian's Name: _____
(Second Contact)
_____ / _____
(Daytime Phone Number) (Evening Phone Number)

Physician's Name: _____ Phone Number: _____ Hospital Preference: _____

CHILDSERVE, INC. VOLUNTEER APPLICATION

VOLUNTEER OPPORTUNITIES: (Please check those that interest you.)

Aquatic Therapy _____	Community Outings _____	Recreation Therapy _____
Childcare _____	Office Assistance _____	Respite Care/SCL _____
Committees _____	One on One Companionship _____	Sewing _____

AVAILABILITY FOR VOLUNTEER SERVICES: (Please write your available hours in the appropriate box.)

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Morning							
Afternoon							
Evening							

APPLICANT'S STATEMENT

By signing below, I certify that the information on the front of this form is complete and true to the best of my knowledge. I understand that discovery of misrepresentation or omission of facts could be cause for immediate dismissal. I authorize this facility to investigate all statements contained in this application for volunteer services, as well as my character and qualifications. I authorize this facility to contact any of my references for full information. I authorize my past and present employer, volunteer organizations and others with information regarding my work, volunteering, or my character, to provide ChildServe Inc. with all information requested and to cooperate fully with the inquiry of my character and qualifications. I also release those employers, references, and others from all liability for providing information in good faith and without malice. I understand that the facility will conduct a child abuse/criminal record check on my background. I waive any right that I may have to inspect any information provided about me by any person or organization identified by me in this application.

WAIVER TO PARTICIPATE/MEDICALRELEASE

In consideration of your acceptance of my participation, I hereby, for myself, my heirs, executors and administrators, waive any and all rights and claims for damages I may now or hereafter have against individuals associated with this program and event(s), their agencies, representatives, successors and assigns, for any and all injuries suffered by me in said program event(s). I certify that: I have full knowledge of any risks involved; I'm physically fit and satisfactorily trained to participate; and I have no medical or physical conditions that prevent my participation. Further, if either me or my child sustains an injury or becomes ill while on the premises of, or while engaged in an activity associated with, ChildServe Inc., I do hereby give my permission and/or consent to the personnel of ChildServe, Inc. to secure and authorize such emergency medical/dental and/or treatment as either me or my child might require.

I have read and understand the information contained on this form.

Applicant's Signature: _____ Date: _____

Parent/Guardian's Signature: _____ Date: _____
(If applicant is under 18)

Received By: _____ Date: _____

**CHILDSERVE
PERSONAL REFERENCE CHECK**

Applicant: Please complete name, address and phone number of individual you wish us to send a personal reference check to. Please return this form to Volunteer Services with your application. We will mail reference checks for you.

Applicant please print your name here: _____

Reference: Please fill in your information below.

Mail reference check to:

Name: _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Phone Number: _____

How long have you known the applicant? _____

In what capacity? _____

Does he/she get along well with others? Explain _____

Does the applicant possess patience? Explain _____

What type of personality does the applicant have? Explain _____

Does the applicant enjoy working with children? Explain _____

Is the applicant dependable? Explain _____

Additional comments:

Date

Name and Relationship to Applicant

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Applicant please print your name here: _____

Reference: Please fill in your information below.

Mail reference check to:

Name: _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Phone Number: _____

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