



## **Volunteer Application Packet • For Youth Under Age 16**

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### **ChildServe thanks you for volunteering!**

**If you are under the age of 16** and interested in volunteering at ChildServe, please complete and submit the application provided in this document. **If you are over 16**, please visit our website, [www.childserve.org](http://www.childserve.org), to download the application packet for Adults Over Age 16. You can also request a packet by contacting the Volunteer Coordinator at 515.331.8139.

### **ChildServe Volunteer Application Instructions**

- *Complete the 2-page form provided.*
- *Have your parent or guardian sign the form.*
- *Return the completed application to the Volunteer Coordinator. (see below)*

Upon completing the form, mail or fax your application to:

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

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

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#### **NOTE**

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

#### **QUESTIONS?**

**If you have any questions**, please call or e-mail  
Kaylene Steele, Volunteer Coordinator  
at 515-331-8139 or [kaylens@childserve.org](mailto: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
<b>Morning</b>							
<b>Afternoon</b>							
<b>Evening</b>							

### 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: \_\_\_\_\_