

Kids Cheering Kids
401 E. Pedregosa Street
Santa Barbara, CA 93103
info@kidscheeringkids.org

Volunteer Director Use Only:

Interviewed by: _____
Orientation: _____
Date Started: _____
Volunteer Position: _____

VOLUNTEER APPLICATION

Personal Information

Name: _____ Birthday: _____
Last, First, Middle

Current Address: _____
City State Zip

Permanent Address: _____
City State Zip

Home Phone: (____) _____ Pager: (____) _____ Fax: (____) _____

Name of Parent/Guardian(s): _____ Phone: (____) _____

Driver's License #: _____ Class B License? _____ Drive Standard transmission? _____

Do you own a car? _____ Insured? _____ Are you willing to drive for KCK activities? _____

If you do not drive, who will be taking you to and from activities? _____

What languages do you speak? _____ Write? _____

Do you have any physical limitation? ☐ Yes ☐ No Please Explain: _____

What motivates you to get involved? (Use back of application if more space is needed.) _____

Volunteer availability per: Week _____ Bi-Weekly _____ Month _____

Dates and times available for interview in the next two weeks: _____

Referred by: _____

School & Employment Information

Name of school: _____ Grade: _____

Are you presently employed? ☐ Yes ☐ No Where? _____

May we contact you at work? ☐ Yes ☐ No Phone: (____) _____

Describe any volunteer experience: _____

Indicate hobbies/skills/special interest/foreign or sign language skills: _____