

Date: _____



CLOTHES TO KIDS, INC.
ADULT VOLUNTEER APPLICATION
PLEASE PRINT ALL INFORMATION

Last Name	First	Middle	Birth date (yr. optional)
Home Address		City	State Zip Code
Mailing Address (if different from above)		City	State Zip Code
()	()		
Home Phone	E-mail	Cell Phone	Pager Fax

Emergency Contact Information:

Name	Relationship	Address	Phone ()
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Language Skills: *(including sign language) (Rate fluency level 1-5, w/5 being highest)*

Spoken _____ Written _____

Interests:

Sorting clothes	Special events	Assisting clients
Restocking displays	Grant research	Clothing pick up
General office work	Marketing/PR	Fund raising
Data entry/computer work	Washing	Ironing

Work Setting Preferences:

<input type="checkbox"/> Working in groups	<input type="checkbox"/> Working with youth
<input type="checkbox"/> Working alone	<input type="checkbox"/> Working with seniors
<input type="checkbox"/> Variety of projects	<input type="checkbox"/> Other _____

Availability:

Day	AM	PM	Evening	Seasonal
Monday				
Tuesday				
Wednesday				
Thursday				
Friday				
Saturday				

For Office Use Only
Orientation date: _____
Job: _____
Start date: _____



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VOLUNTEER ACKNOWLEDGEMENT

____ I acknowledge that I have read the contents of the Volunteer Handbook and agree to comply with the policies and procedures contained within.

____ I agree to maintain CONFIDENTIALITY of client's information.

____ I agree to give Clothes To Kids, Inc. permission to inquire into my references and to conduct a background screening check.

____ I understand that Clothes To Kids, Inc. may revise, rescind or modify any portion of the handbook at any time and that I shall be bound by such change.

____ I understand I may not remove any merchandise from Clothes To Kids.

____ Copy of Driver's License

____ I give permission for volunteer pictures of me to be used in CTK publications and in the CTK website.

____ I understand that Clothes To Kids, Inc. does not maintain workers' compensation insurance coverage for the benefit of its volunteers.

Volunteer Signature

Date

Parent or Guardian if under 18

Date

REFERENCES

_____ Name	_____ Title	_____ Phone
_____ Name	_____ Title	_____ Phone