

PK Kids Playhouse for Disabled & Disadvantaged Children, Inc.

Adult Mentor/Volunteer Application



Application Date _____

PURPOSE: Pink Pearls for Girls and Boys In Black Mentor Program provide reading and mathematics mentoring activities to intellectually challenged children to help them become integrated with other children and encourage social inclusion in their community.

Our organization encourages the participation of volunteers who support our purpose. The information on this form will be kept confidential and will help us find the most satisfying and appropriate volunteer opportunity for you.

Volunteer Position Sought _____

Name _____

Home Address _____

Work Phone _____ Home Phone _____

Cell Phone _____ Email Address _____

EDUCATION

Highest Level of Education _____

EMPLOYMENT

Current Employer, if applicable:

Position/Title _____ Telephone Number _____

Dates of Employment (starting, ending) _____

Company/Employer _____

Address _____

Would you like us to keep your employer abreast of your volunteer service and achievement?

No Yes

PREVIOUS OR CURRENT VOLUNTEER EXPERIENCE:

<i>Organization</i>	<i>Position/Major Responsibility</i>	<i>Dates of service (yy/mm)</i>	
		<i>From:</i>	<i>To:</i>
1. _____	_____	_____	_____
2. _____	_____	_____	_____

SKILLS & EXPERIENCE

Special training, skills, hobbies _____

Groups, clubs, organizational membership's _____

What experiences have you had that may prepare you to work as a volunteer with disabled and indigent children?

Why do you want to volunteer? [Or, what do you want to gain from this volunteer experience?]

Have you ever been convicted of a crime? [If yes, please explain the nature of the crime and the date of the conviction and disposition.] **Conviction of a crime is not an automatic disqualification for volunteer work.**

Do you have a driver's license? No Yes

Do you have car insurance? No Yes

Do you have a car available for transporting others? No Yes

REFERENCES

Please list one person who know you well and can attest to your character, skills, and dependability.

Name/Organization	Relationship to you	Length of relationship	Phone number

It is the policy of this organization to provide equal opportunities without regard to race, color, religion, national origin, gender, sexual preference, age, or disability.

Please read the following carefully before signing this application:

___ I understand that this is an application for and not a commitment or promise of volunteer opportunity.

___ I certify that I have and will provide information throughout the selection process, including on this application for a volunteer position and in interviews with PK Kids Playhouse for Disabled & Disadvantaged Children, Inc. that is true, correct and complete to the best of my knowledge. I certify that ___ I have and will answer all questions to the best of my ability and that I have not and will not withhold any information that would unfavorably affect my application for a volunteer position.

___ I understand that information contained on my application will be verified PK Kids Playhouse for Disabled & Disadvantaged Children, Inc. I understand that misrepresentations or omissions may be cause for my immediate rejection as an applicant for a volunteer position with PK Kids Playhouse for Disabled & Disadvantaged Children, Inc. or my termination as a volunteer.



Signature _____ Date _____

Thank you for completing this application form and for your interest in volunteering with us.

