

Kindred Spirit
Volunteer Application



This application is for those who are interested in volunteering with Kindred Spirit. Being a volunteer is one of the most rewarding experiences and we strive to make this process work smoothly. This application is for persons who are interested in a *volunteer* position in the home, working with residents.

Mail your completed application to us at:
P. O. Box 250001
Atlanta, GA 30325-1001

Last Name: _____ First Name: _____
Middle Name _____ Are you 18 years or older? yes _____ no _____
Street address (no P. O. Boxes): _____
City: _____ Zip Code: _____
Phone (circle home, cell, work) _____
Current email address: _____

Please tell us briefly about your career and any previous volunteer work.

Availability: Please specify your volunteer availability.

Day, time, _____

How often? _____

What would you like to do?

VOLUNTARY DISCLOSURE STATEMENT

Have you ever been arrested and/or charged with a crime? (This includes charges that have been dismissed or found not guilty.)

Have you ever been convicted of any crime relating in any manner to children and/or your conduct with them?

Have you ever been convicted of any crime including, but not limited to, those listed below and/or any crime similar in any manner to those listed below?

- Indecent assault and battery on a child under fourteen
- Indecent assault and battery on a person with mental retardation
- Indecent assault and battery on a person who has obtained the age of fourteen
- Rape
- Rape of a child under sixteen with force
- Assault with intent to commit rape
- Kidnapping of a child under sixteen with intent to commit rape
- Distribution and trafficking of narcotics or other controlled substances
- Intent to commit any of the above crimes

Have you ever been adjudged liable for civil penalties or damages involving sexual or physical abuse of children?

Are you now or have you ever been subject to any court order involving sexual or physical abuse of a minor, including, but not limited to a domestic order or protection?

Have your parental rights ever been terminated for reasons involving sexual or physical abuse of children?

I understand that:

- a. In case of an affirmative answer to any of the above questions, volunteer participation will be rejected or terminated immediately.
- b. The information provided on this form is subject to verification, which may include a criminal history check.
- c. The organization may terminate volunteer service of any person if that person is found, regardless of when discovered, to:
 - a. have a history of complaints of abuse of a minor;
 - b. have resigned, been terminated or been asked to resign from a position whether paid or unpaid, due to complaint(s) of sexual abuse of a minor; and/or
 - c. have falsified or omitted information in this disclosure statement.
- d. This disclosure statement must be updated yearly.

Volunteering in the Home

Volunteers that work in the home must have a background search. This standard practice demonstrates that we take due diligence to protect the young ladies living in the home. The release for this search follows: I understand that a consumer report and/or an investigative consumer report will be requested from National Crime Search, Inc., a consumer-reporting agency. I further understand that National Crime Search, Inc. cannot give out information about me to anyone without my written consent. I hereby authorize National Crime Search, Inc. to obtain a consumer report or investigative consumer report on me, as applicable. I give my express permission to complete this investigation.

My Social Security number and date of birth are: _____

Full Name: _____

Date of Birth _____

Signature _____

Date _____

Additional Info:
Briefly list any experience you have working with adolescents

Driver's License _____
Registered Dietitian _____
Nursing Student _____
Other special training or skills? _____

Registered Nurse? _____
Nurse Practitioner _____
CPR (Infant, Child, Adult) _____

Applicant's Signature _____ Date _____