



Volunteer Application

Kids of Love Foundation, Inc.

6295 West Sample Road, Box 670333 ♥ Coral Springs, FL 33067

tel: 954.757.2810 ♥ toll-free: 1.800.441.5422

fax: 954.949.9099

www.KidsOfLove.org email: info@KidsOfLove.org

Please print legibly if not completing application on line.

Date of Application: _____

First name: _____ Last Name: _____

Nick name: _____

Date of Birth: MM/DD/YYYY ____/____/____ Age: _____

Home Address: _____ Apt# _____

City _____ State _____ Zip code: _____

Telephone Number: Cell: _____ Home: _____

Do you allow text messages? Yes No

Email address: _____

In case of emergency contact:

Name _____ Relationship: _____

tel # _____

How did you learn about Kids of Love Web Event Social Media Friend Other

(please list name of friend _____)

Please describe other _____

If in school, please list school: _____

Are you currently employed? Yes No Highest level of education _____

If you answered yes to above, please provide:

Name of Employer: _____ Telephone Number: _____

Address of Employer: _____

Length of Employment: _____ Current Position: _____

List any skills, training, hobbies, or interests that may be of help during volunteer opportunities:

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First Name _____ Last Name _____ Date _____

What days and times are you available to volunteer? _____

List any other organizations (current and previous) with which you are affiliated and with which you have had experiences that may be helpful to Kids of Love Foundation, Inc. volunteering: _____

Have you ever been convicted of a crime? Yes No

If yes, please describe the nature of the crime, charges, date of conviction, and conditions of sentencing:

Do you have a driver's license: Yes No

Do you have car insurance: Yes No

Do you have a reliable car/are you willing to transport to and from volunteer events: Yes No

Please read the following carefully before signing this application:

I understand that this is an application for and not a commitment to 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 Kids of Love Foundation, 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. I certify 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 by Kids of Love Foundation, Inc. I understand that misrepresentations or omissions may be cause for my immediate rejection as an applicant for a volunteer position with Kids of Love Foundation, Inc., or my immediate termination as a volunteer.

Signature _____ Date _____

Parent/ Guardian Signature (If applicant is under 18 years of age):

_____ Date: _____

Please complete and return by email or mail to the address below. Thank you.

email: info@KidsOfLove.org

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(This section for use by Volunteer Coordinator) Date Received/Reviewed: _____

Applicant Accepted: Yes / No Signature of Volunteer Coordinator: _____