



# Volunteer Application

Complete the application, save, and email to: [info@kidsntechnology.net](mailto:info@kidsntechnology.net)

Name (*first, middle and last*) \_\_\_\_\_

Home Address \_\_\_\_\_ Apt/Suite \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone Numbers \_\_\_\_\_  
Please include area codes      cell      home      work

Preferred method of communication (*please circle*):    cell    home    work    Best time to call: \_\_\_\_\_

Male ( ) Female ( )    Email \_\_\_\_\_

Date of Birth \_\_\_\_\_      \*T-Shirt Size \_\_\_\_\_

Employer \_\_\_\_\_      Position \_\_\_\_\_

Work Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Why are you interested in volunteering with Kids N Technology?



How did you hear about Kids N Technology?  Word of Mouth  Newsletter  KNT event  other \_\_\_\_\_

I would like to be considered for the following volunteer opportunities: *(you may select more than one)*

STEM Programs – *must be 18 years of age*  Office  Event  Auxiliary

*\*If you selected STEM Programs please fill out the two stated questions below\**

\*Which program (s) is you interested in volunteering for:

\*What age group do you enjoy working with the most: *(you can circle more than one group?)*

Youth (ages 6-12)      Teens (ages 13-18) .

Have you volunteered for other organizations? \_\_\_\_\_ Yes      \_\_\_\_\_ No *(if you checked yes, please continue below)*

Organization Name: \_\_\_\_\_

Describe volunteer service below:

Organization Name: \_\_\_\_\_

Describe volunteer service below:

Please describe any work or personal experience you think might be relevant to our program:

Do you have any hobbies or special talents?

Please list 3 references:

Name	Relationship	Time known	Phone number
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Name	Relationship	Time known	Phone number
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Name	Relationship	Time known	Phone number
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Have you ever been charged with or convicted of the following: *(please check yes or no)*

- a) Felony?  Yes  No
  - b) Any crime involving a sexual offense, an assault or the use of a weapon?  Yes  No
  - c) Any crime involving the use, possession or the furnishing of drugs or hypodermic syringes?  Yes  No
  - d) Reckless driving, operating a motor vehicle while under the influence, or driving to endanger?  Yes  No
- if you answered Yes to any of the above four items, please explain. \_\_\_\_\_

### **Kids N Technology has my permission to:**

*Please check below*

Run a background check on me.  Yes  No

*\*Only needed if volunteering for a STEM Program. Number is kept in a secure location.\**

Please provide your social security number: \_\_\_\_\_

Run a motor vehicle records check on me if I decide to operate a KNT vehicle.  Yes  No

Verify the 3 references I have provided.  Yes  No

By signing below, I affirm that I have answered all questions truthfully. I understand that if any portion of this application is found to be intentionally false, I may be denied the right to volunteer for Kids N Technology.

You're Signature

Date



## Medical History and Information

*In the event you become ill or injured, 911 will be called and medical emergencies will be handled by medical professionals. Therefore we do not waste your time or ours by collecting unnecessary medical information. However, the information we collect is relevant to the job assignment only. All of this information is kept confidential.*

Do you have any health conditions that may limit your participation? YES or NO If yes, please explain.

Due to some small risk with chemicals and tech gadgets of this job, is there anything Kids N Technology needs to be made aware of to ensure that your experience is a pleasant one? YES or NO If yes, please explain.

Please list all current over the counter and/or prescription medications. \_\_\_\_\_ Check here for no medications

### Emergency Contact

*Must be someone not attending the retreat*

First & Last Name

Relationship

Phone Number

*Please sign and date below*

The information contained in this Medical History Form is correct and complete to the best of my knowledge. I can engage in the Kids N Technology STEM Program activities with exception to those noted on this form.

I give permission to Kids N Technology to arrange necessary health-related transportation for me.

Signature

Date

**Once your application is completed, please email it to:  
info@kidsntechnology.net      Questions: 704-469-3535**