



Volunteer Application

THE KINGS CENTER
202 East Third Street
Frankfort, KY 40601

For Office Use Only

Date Received: _____
Date Cleared to Volunteer: _____

Name _____
Last First Middle Maiden

Address _____
Street City State Zip Telephone#

Social Security Number _____ - _____ - _____ (required for criminal records check)

Date of Birth _____ (MM/DD/YYYY) (required for criminal records check)

E-Mail Address _____

WORK EXPERIENCE

Current Employment: _____

Previous Employment	Employer	Dates of Service
_____	_____	_____

How did you hear about our volunteer program?

_____ Media _____ Friend _____ Web page _____ Church
_____ Other (be specific) _____

Why do you want to volunteer with The King Center?

Release Authorization

I, _____, hereby affix my signature and release from liability any person authorized to give or receive any information related to my job performance and/or employment history, including all data and information given in my application for volunteer, related papers, or oral interview.

I, therefore, hereby grant authorization to The King Center at any time prior or during my volunteer service, to request any and all information pertaining to any convictions for offenses against the law including motor vehicle records if applicable to the duties of the volunteer job for which I am being considered; and to request information if needed from employers regarding my ability to perform the duties for a volunteer job for which I am being considered.

I hereby further authorize local and state police and state motor vehicle departments and Administrative Office of the Courts to research their records and to release any and all information pertaining to convictions and charges pending against me; and my present and any former employer to release any and all information (written or verbal) pertaining to my employment with that employer to The King Center as these relate to my ability to perform the duties of a job for which I am being considered.

Signature of VOLUNTEER

Date



EDUCATIONAL DATA

High School _____ Years Completed _____ Degree/Major _____

College _____ Years Completed _____ Degree/Major _____

Graduate School _____ Years Completed _____ Degree/Major _____

Trade School _____ Years Completed _____ Degree/Major _____

REFERENCES

Name _____ Telephone Number _____

Name _____ Telephone Number _____

Name _____ Telephone Number _____

VOLUNTEER EXPERIENCES

List previous volunteer experience and special skill you possess that would be an asset to the program:

AVAILABILITY

Day of the Week: Monday Tuesday Wednesday Thursday Friday Saturday Sunday

(Please note The King Center does not have regular programming on weekends.)

Time: Mornings Afternoons Evenings

EMERGENCY CONTACT INFORMATION

Contact Name: _____ Telephone Number _____

VOLUNTEER STATEMENT

I understand that I am applying to be an unpaid volunteer for The Kings Center and that this application is not an application for employment. I understand that nothing in this application is intended to imply or create an employment relationship or a contract for employment. If I am accepted into the King’s Center volunteer program, I agree that I will abide by the requirements of the program, policies and procedures of The Kings Center, and commit to volunteer regularly, if possible, for a minimum duration of six months.

The information that I have provided on this application is true and complete. I understand that if any misrepresentation has been made by me, I may be disqualified for consideration or dismissed if discovered at a later date.

I agree to adhere to the volunteer expectations and guidelines. I understand that if I fail to follow the policies and procedures of the volunteer program that I will be dismissed as a volunteer.

Signature: _____ Date: _____

