



Cool Kids Learn, Inc.

Volunteer Program

www.coolkidslearn.com



This form is for candidates who are interested in volunteer opportunities with Cool Kids Learn, Inc.

Personal Information

Last Name: _____		First Name: _____		Daytime Phone: () _____	
Address: _____				Evening Phone: () _____	
City: _____		State: _____	Zip: _____	E-mail: _____	
Please list any languages in which you are proficient other than American English:					

Tell Us About Yourself

1. Tell us about your previous volunteer experience, if any.

2. Why are you interested in volunteering for Cool Kids Learn, Inc?

Personal References

List below three individuals (other than family members) who could recommend you for this volunteer opportunity.

Name	Address and City/State/Zip Code	Email Address	Phone Number
1.			
2.			
3.			

Background

As a result of federal, state and district requirements, all potential volunteers are required to review an Investigative Security Services Consumer Rights report and complete an Investigative Security Services Consumer Release form. By completing the consumer release form provided to you by CKL, Inc. you are consenting to a voluntary criminal record check.

Other Information

Have you ever been convicted of a criminal offense? Yes No
 If yes, please explain: _____

The following information is optional:

Ethnicity: Asian Black, non Latino Hispanic Multi-Ethnic Native American White, non Latino Other

Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male	How did you hear about us? Referral(Name) _____ Job Posting (Site) _____ Other _____
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I attest that all information provided above is truthful and current to the best of my knowledge. I understand that this is strictly a volunteer position, and I expect no remuneration for services and time volunteered.

I authorize any person giving a reference listed in this form to disclose information that they may have regarding my character and fitness for serving in a volunteer capacity that may involve children or youth. I hereby release any individual or organization from any and all liability for damages which may result to me, my heirs, or family for compliance with this authorization, and agree that Cool Kids Learn, Inc. may maintain this information. My signature on this application confirms my understanding and agreement that: In the event that allegations of criminal or sexual misconduct arise regarding my conduct while I serve in a volunteer capacity, Cool Kids Learn, Inc. will fully cooperate with any investigation. I further state that I have carefully read the foregoing release and understand the contents thereof, and that I sign this release as my own free act. This is a legally binding agreement, which I have read and understand. Further, I have read and agree to follow the Volunteer Program Policy and Training Guidelines and I give my consent for a voluntary criminal record check.

Signature

Date

Note: Please be sure that you have answered every question and signed your name above. Volunteer application cannot and will not be considered without a signature. **Return this form to the Volunteer Coordinator via email: hr@coolkidslearn.com or fax: 305-826-9644.**

Cool Kids Learn, Inc. is an equal opportunity employer and does not discriminate on the basis of sex, race, religion, cultural heritage, political belief, national origin, or marital status.

Office Use Only			
Signed Volunteer Agreement Attached? _____ _____No	___ Yes	___ No	Copy of 2 IDs (i.e. Social Security Card, Driver's License): _____ Yes
Date Inquiry Received: _____	Date Individual Contacted: _____	via phone ___ or email _____	
Recommended: _____ Yes	_____ No	Reason: _____	
Received Completed Affidavit of Good Morale Character: _____ Yes	_____ No	Completed ISS Consumer Release? _____ Yes	_____ No
Submitted Background Request to ISS: _____ Yes, _____ Date	_____ No	Received ISS results: _____ Pass	_____ Fail
Name of Interviewer: _____	Signature of Interviewer: _____	Date: _____	