



childkind
special children. extraordinary families. real homes.

VOLUNTEER APPLICATION

DATE: _____

NAME(S): _____

ADDRESS: _____

CITY: _____ **ZIP CODE:** _____

EVENING PHONE: _____ **DAY PHONE:** _____

EMAIL ADDRESS: _____

EMPLOYER: _____ **POSITION:** _____

WHAT IS THE BEST WAY TO REACH YOU? _____

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PREVIOUS VOLUNTEER EXPERIENCE: _____

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SPECIAL SKILLS (I.E. COMPUTERS, STORY TELLING, LANDSCAPE, MEDICAL TRAINING, ETC.): _____

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HOW WOULD YOU LIKE TO BE INVOLVED?

SPECIAL EVENTS VOLUNTEER: PROVIDE SUPPORT FOR SPECIAL EVENTS RANGING FROM GREETING GUESTS, TO CHILDCARE, TO HELPING WITH MAILINGS. SCHEDULING DEPENDS ON EVENT SCHEDULE, GENERALLY A FEW HOURS EVERY OTHER MONTH. AN EMAIL WITH THE MONTH'S VOLUNTEER NEEDS WILL BE SENT OUT MONTHLY.

CHILDCARE: PROVIDE CHILDCARE FOR OUR FAMILIES WHILE THE FOSTER PARENTS ATTEND TRAINING SESSIONS. THESE TRAININGS ARE GENERALLY THE FIRST SATURDAY OF THE MONTH AT CHILDKIND. OUR TRAINING COORDINATOR WILL CONTACT YOU WITH SCHEDULING.

OFFICE HELP

OTHER: _____

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PLEASE SEND ME INFORMATION ABOUT BECOMING AN IN-HOME RESPITE CARE PROVIDER.

PLEASE SEND ME INFORMATION ABOUT BECOMING A FOSTER PARENT.

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* PLEASE NOTE: ALL APPLICANTS INTERESTED IN WORKING DIRECTLY WITH CHILDREN WILL BE REQUIRED TO SUBMIT TO A CRIMINAL BACKGROUND CHECK. PLEASE RETURN THIS APPLICATION TO:
CHILDKIND, INC., 3107 CLAIRMONT AVE., SUITE A, ATLANTA GA 30329 OR FAX TO (404) 248-1981.