



KIDS IN DISABILITY SPORTS, INC
Holden Center, 220 Pawtucket Street, Suite 8
Lowell, MA 01854
1-866-712-7799 ~ www.kidsinc.us

Volunteer Application

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Thank you for your interest in becoming a volunteer at Kids In Disability Sports (KIDS). Because KIDS is managed and staffed entirely by volunteers, you are extremely important to this organization. Parents, family, friends and community members come together to coach, organize and support all of the KIDS programs, events and activities. We hope you find this experience rewarding.

KIDS is a private, nonprofit organization, whose mission is to improve the quality of life for children and young adults with disabilities through sports, social, recreational and educational programs. KIDS programs, events and activities provide people with disabilities many opportunities to get involved, learn new skills, develop long-term, meaningful friendships and give back to the community. These programs

- promote healthier lifestyles and encourage people to exercise to the best of their abilities;
- teach the value of teamwork and cooperation while providing the chance to develop meaningful, long lasting relationships;
- build confidence, character and self esteem; and
- provide involvement in new experiences and teach life skills.

KIDS Inc. has no geographical boundaries. We accept athletes from any city, town or state. We currently serve over 100 kids and young adults from numerous communities in an around the Merrimack Valley and Southern New Hampshire. Every child should have equal opportunities.

Background Checks

KIDS honors The Volunteers for Children Act, which was signed by President Clinton on October 26, 1998. This act allows any organizations and businesses dealing with youth, elderly, or the disabled to conduct criminal history checks to screen out volunteers and employees with relevant criminal records. KIDS requires a background check to be completed for all volunteer applicants over the age of 18, which can take up to three weeks. Volunteers cannot begin their duties until they receive an acknowledgment letter from KIDS indicating they are cleared to begin.

Thank you for your interest in KIDS and supporting our organization.

Special Programs for Special Kids

KIDS IN DISABILITY SPORTS ("KIDS") VOLUNTEER APPLICATION FORM
(Must be at least 13 years old to volunteer)

SECTION 1: PERSONAL INFORMATION					
Name:		Home Phone:			
Street:		Work Phone:			
City:		Cell Phone:			
State & Zip Code:		Email Address:			
Shirt Size (circle only one) :		Best way to contact me:			
Youth: L (14-16) XL (18-20)		<input type="checkbox"/> Home Phone <input type="checkbox"/> Work Phone <input type="checkbox"/> Cell Phone <input type="checkbox"/> Email			
Adult: S M L XL 2XL 3XL 4XL					
SECTION 2: EMERGENCY CONTACT (Complete only if different from Section 1)					
Name:		Home Phone:			
Street:		Work Phone:			
City:		Cell Phone:			
State & Zip Code:		Email Address:			
Relationship:					
SECTION 3: PLEASE TELL US ABOUT YOURSELF					
Age		Gender		Ethnic Data	
13-20	20-30	Male	Female	American Indian	Asian Black
31-40	41-50			Caucasian	Hispanic
51-60	61+			Other (Specify):	Black Multi-racial
Do you know someone enrolled in our program(s)?		Yes	No		
Participant Name(s):					
Do you know someone affiliated with our program(s)?		Yes	No		
Affiliate Name(s):					
Relationship:		Friend	Relative		
How are you related:					
SECTION 4: INTERESTS AND AVAILABILITY					
Working directly with youths ages: 5-8 9-13 14-18 19-25 Other:					
<input type="checkbox"/> Coaching <input type="checkbox"/> Assistant Coaching <input type="checkbox"/> Fundraising <input type="checkbox"/> Social Events <input type="checkbox"/> Role Model <input type="checkbox"/> Administrative					
<input type="checkbox"/> Soccer ¹	<input type="checkbox"/> Floor Hockey ⁴	<input type="checkbox"/> Whiffle Ball ⁷	<input type="checkbox"/> Golf ¹⁰	¹ Sept-Oct	² Sept-Mar
<input type="checkbox"/> Bowling ²	<input type="checkbox"/> Basketball ⁵	<input type="checkbox"/> Gymnastics ⁸	<input type="checkbox"/> Arts & Crafts	⁴ Sept-Nov	⁵ Nov-Feb
<input type="checkbox"/> Swimming ²	<input type="checkbox"/> Karate ⁶	<input type="checkbox"/> Track/Field ⁸	<input type="checkbox"/> Computer Class	⁷ Mar-Apr	⁸ Apr-May
<input type="checkbox"/> Fitness ³	<input type="checkbox"/> Kickball ⁷	<input type="checkbox"/> Baseball ⁹	<input type="checkbox"/> Dances ¹¹	¹⁰ Jun-Aug	¹¹ Sept-Jun
³ Sept-Apr					
⁶ Jan-Mar					
⁹ May-Jun					
Please check and circle the most appropriate times and shift that you are available to volunteer:					
Mornings (8:00-12:30)		Monday, Tuesday, Wednesday, Thursday, Friday, Saturday, Sunday			
Afternoons (12:30-5:00)		Monday, Tuesday, Wednesday, Thursday, Friday, Saturday, Sunday			
Evenings (5:00-9:00)		Monday, Tuesday, Wednesday, Thursday, Friday, Saturday, Sunday			
Are you available/interested in assisting with special projects, such as mailings or office work?					
Yes	No	Morning	Afternoon	Evening	Weekday
Weekend					
Factors that motivate me in a volunteer role are (check all that apply):					
Personal satisfaction		Recognition by youths		Preparing youth for future	
Professional development		Community involvement		Resume/skill building	
Organizational recognition (pins, banquet, etc.)		Other (Specify):		Public recognition (news article, etc.)	

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SECTION 5: EXPERIENCE AND REFERENCES

My volunteer experience includes:

Current work experience:

Please list the following information for two references. References should have known you for at least 6 months, and should not be relatives or live in the same household.

Name:	Name:
Street:	Street:
City:	City:
State & Zip Code:	State & Zip Code:
Phone:	Phone:

SECTION 6: HEALTH INFORMATION

Doctor:	Phone:
Insurance Carrier #1	Policy No.:
Insurance Carrier #2	Policy No.:

Current Medications:

Is there any health reason that might limit your ability to volunteer or that we should know about?

SECTION 7: PERMISSIONS AND WAIVERS

By signing below, I affirm that I have not at any time been convicted of, pleaded guilty to, pleaded no contest to, or admitted to any felony, any offense involving a minor, any motor vehicle offense, or driving while intoxicated.

In consideration of the opportunity afforded to me to assist on a voluntary basis with K.I.D.S., I hereby waive any right or cause of action arising as a result of my participation in any program with K.I.D.S. which any liability may or could accrue against K.I.D.S. or its officers and directors collectively or individually. Without limiting the generality of the foregoing, I agree that this waiver shall include any rights or causes of action resulting from personal injury to me or damage to my property sustained in connection with my activities with K.I.D.S. I am participating as an individual and not as an employee. I also give KIDS permission to use my name and/or pictures while I am participating in the programs and activities of KIDS.

THE FOLLOWING MUST BE FILLED OUT COMPLETELY

Print Volunteer Name _____

Signature: _____ **Date:** _____

Parent/Guardian Signature: _____ **Date:** _____

If volunteer is under 18 years old

SECTION 8: FOR OFFICE USE ONLY

CORI Check	Date Completed:
Reference 1:	Date Completed:
Reference 2:	Date Completed:

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KIDSI
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CHAPTER 6 § 172 H CORI REQUEST FORM

Kids in Disability Sports Inc., is requesting all the available criminal offender record information ("CORI") on the following individual from the Criminal History Board pursuant to Chapter 6 § 172H which mandates organizations primarily engaged in providing activities or programs to children 18 years of age or less that accepts volunteers, to obtain all CORI regarding volunteers prior to accepting any person as a volunteer.

VOLUNTEER INFORMATION

PLEASE PRINT

LAST NAME FIRST NAME MIDDLE NAME

MAIDEN NAME OR ALIAS (IF APPLICABLE)

DATE OF BIRTH _____

SOCIAL SECURITY NUMBER _____ - _____ - _____

ADDRESS: _____

Requested by: _____

Signature of CORI authorized employee

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