



**KIDS IN DISABILITY SPORTS, INC**  
220 Pawtucket Street, Suite 8  
Lowell, MA 01854  
1-866-712-7799 ~ [www.kidsinc.us](http://www.kidsinc.us)  
Email: [info@kidsinc.us](mailto:info@kidsinc.us)

## **Volunteer Application**

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 and 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)**

<b>SECTION 1: PERSONAL INFORMATION</b>	
Name:	Phone 1:
Street:	Phone 2:
City:	Email Address 1:
State & Zip Code:	Email Address 2:
Shirt Size <b>(circle only one)</b> : Youth: L (14-16) XL (18-20) Adult: S M L XL 2XL 3XL 4XL	Best way to contact me: <input type="checkbox"/> Phone <input type="checkbox"/> Email
<b>SECTION 2: EMERGENCY CONTACT (Complete only if different from Section 1)</b>	
Name:	Phone 1:
Street:	Phone 2:
City:	Email Address 1:
State & Zip Code:	Email Address 2:
<b>SECTION 3: PLEASE TELL US ABOUT YOURSELF</b>	
Age 13-17      18-30      31-40      41-50      51-60      61+	Gender Male      Female
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      If relative, how are you related:	
<b>SECTION 4: INTERESTS AND AVAILABILITY</b>	
Working directly with youths ages:      5-8      9-13      14-17      18-25      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"/> Soccer <sup>1</sup> <input type="checkbox"/> Bowling <sup>2</sup> <input type="checkbox"/> Swimming <sup>2</sup>	<input type="checkbox"/> Floor Hockey <sup>3</sup> <input type="checkbox"/> Basketball <sup>4</sup> <input type="checkbox"/> Karate <sup>5</sup>
<input type="checkbox"/> Kickball <sup>6</sup> <input type="checkbox"/> Whiffle Ball <sup>6</sup> <input type="checkbox"/> Gymnastics <sup>7</sup>	<input type="checkbox"/> Track/Field <sup>7</sup> <input type="checkbox"/> Baseball <sup>8</sup> <input type="checkbox"/> Golf <sup>9</sup>
<sup>1</sup> Sept-Oct <sup>2</sup> Sept-Mar <sup>3</sup> Sept-Nov <sup>4</sup> Nov-Feb <sup>5</sup> Mar-Apr <sup>6</sup> Mar-Apr <sup>7</sup> Apr-May <sup>8</sup> May-Jun <sup>9</sup> Jun-Aug Dates are approximate and subject to change	

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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

Factors that motivate me in a volunteer role are (check all that apply):

Personal satisfaction	Recognition by youths	Preparing youth for future	Resume/skill building
Professional development	Community involvement	Public recognition (news article, etc.)	
Organizational recognition (pins, banquet, etc.)	Other (Specify):		

**SECTION 5: EXPERIENCE AND REFERENCES**

My volunteer experience includes:

Brief description of current work experience:

**SECTION 6: HEALTH INFORMATION**

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:** \_\_\_\_\_

**Authorized KIDS Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**SECTION 8: FOR OFFICE USE ONLY**

CORI Check

**Date Completed:**



**KIDS IN DISABILITY SPORTS, INC**  
**Holden Center, 220 Pawtucket Street, Suite 8**  
**Lowell, MA 01854**  
**1-866-712-7799 ~ [www.kidsinc.us](http://www.kidsinc.us)**

KIDSI  
172H  
FE710

### **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

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LAST NAME	FIRST NAME	MIDDLE NAME
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MAIDEN NAME OR ALIAS (IF APPLICABLE)

DATE OF BIRTH \_\_\_\_\_

SOCIAL SECURITY NUMBER \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Requested by: \_\_\_\_\_  
Signature of KIDS CORI authorized employee

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