

Kids Joining Eternity

Key Contact Volunteer Application

Mark all of the areas you are interested in volunteering:

- | | | |
|--------------------------------------------------|-----------------------------------------|-------------------------------------------|
| <input type="checkbox"/> Administrative/Clerical | <input type="checkbox"/> Fundraising | <input type="checkbox"/> Grant Writing |
| <input type="checkbox"/> Key Contact Caller | <input type="checkbox"/> Marketing | <input type="checkbox"/> Policy Making |
| <input type="checkbox"/> Key Contact Visitor | <input type="checkbox"/> Special Events | <input type="checkbox"/> Website Research |

Name _____

Date _____ County live in _____

Cell Phone _____ Home Phone _____

Email _____

Date of Birth _____

Have you ever lost a baby/child? Yes No If Yes, how long ago since your last loss: _____

If Yes, please list the date(s) of your loss(es) and how far along you were each time: _____

Have you ever been convicted of a felony? Yes No

Have you had any criminal convictions for child abuse or sex-related crimes? Yes No

REFERENCES:

List three references that have known you at least three years whom you authorize us to contact:

TYPE	NAME	CONTACT INFORMATION	YEARS KNOWN
Family Member		Email: Phone:	
<input type="checkbox"/> Personal:		Email: Phone:	
<input type="checkbox"/> Professional:		Phone:	
<input type="checkbox"/> Personal:		Email:	
<input type="checkbox"/> Professional:		Phone:	

*References may include supervisors, co-workers, faith leaders, teachers or school counselors.

**One reference must be a family member or guardian.

***Completing and returning this application signed indicates your consent to a background check.

Printed Name of Applicant _____ Date _____

Signature of Applicant _____ Date _____