

**KIDS FIRST CAST, INC.**  
P.O. Box 3916  
Nampa, ID 83653-3916  
Ph: 208-461-4399 or 208-936-8974  
Fax: 208-461-2168  
dyann@kidsfirstcast.org



## **Volunteer Application**

Application Date \_\_\_\_\_ Date of Birth \_\_\_\_\_

Name \_\_\_\_\_

Home Address \_\_\_\_\_

City, State, Zip Code \_\_\_\_\_

Work Phone \_\_\_\_\_ Home Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

Email \_\_\_\_\_

## **Emergency Contacts**

Name \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

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**Education**

Highest Level of Education \_\_\_\_\_

**Employment**

Current Employer, if applicable

Position/ Title \_\_\_\_\_

Dates of Employment (starting and ending) \_\_\_\_\_

Company/Employer \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Contact \_\_\_\_\_

Would you like us to keep your employer informed of your volunteer service and achievements?      No                      Yes

Age Group              Under 18              18-25              26-40              41-55              Over 55

Gender              Male              Female

Please select the area you wish to volunteer in:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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Please tell us why you want to volunteer with our organization?

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If you have volunteered before, please give details of where you have volunteered, for how long and describe your volunteer role.

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What hobbies, skills, special interests or qualities do you have that may be relevant to the volunteer role you are applying for?

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When are you available to volunteer? (Please specify days, times and length of commitment that you would like to make)

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- Do you have?
- A driver's license      No      Yes      / Driver's License # \_\_\_\_\_
  - Car Insurance      No      Yes
  - Car Available for transporting others?      No      Yes

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**REFERENCES:** Please list three people who know you (non - relative)

Name \_\_\_\_\_

Address \_\_\_\_\_

E-mail \_\_\_\_\_

Phone \_\_\_\_\_ Alternate Phone \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

Email \_\_\_\_\_

Phone \_\_\_\_\_ Alternate Phone \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

Email \_\_\_\_\_

Phone \_\_\_\_\_ Alternate Phone \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

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**Please read the following carefully before signing this application:**

I understand that this is an application for and not a commitment or promise of volunteer opportunity.

I certify that I have and will provide throughout the selection process, including on this application for a volunteer position and in interviews with **Kids First Cast, Inc.**, information that is true, correct and complete to the best of my knowledge. I certify that I have and will answer all questions to the best of my ability and that I have not and will not withhold any information that would unfavorably affect my application for a volunteer position. I understand that information contained on my application will be verified by **Kids First Cast, Inc.** I understand that misrepresentations or omissions may be cause for my immediate rejection as an applicant for a volunteer position with **Kids First Cast, Inc.** or my termination as a volunteer.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Social Security # \_\_\_\_\_

I understand that with this application I also give **Kids First Cast, Inc.**, my permission to submit to a background check.

I also understand that there will be a minimal charge for the background check that I will be responsible for.

Signature \_\_\_\_\_ Date \_\_\_\_\_

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**LIST OF DISQUALIFIERS  
FOR VOLUNTEERS BACKGROUND CHECK:**

- Any Felony Conviction
- Cannot be (currently) on: Probation, Parole, intermittent work release or the subject of a criminal investigation.
- No Sexual Crime convictions
- No Hate Crime convictions
- No Crimes against children
- No misdemeanor drug convictions in the past 5 years
- No violent misdemeanors in the past 5 years
- No general (non-violent) misdemeanors in the past 3 years