



# KEEN LA VOLUNTEER REGISTRATION FORM I

(PLEASE PRINT LEGIBLY)

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

## GENERAL INFORMATION

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_  
State: \_\_\_\_\_ Zip Code \_\_\_\_\_  
E-Mail Address: \_\_\_\_\_  
Phone: Evening: (\_\_\_\_) \_\_\_\_\_  
Day time: (\_\_\_\_) \_\_\_\_\_  
Cell: (\_\_\_\_) \_\_\_\_\_

List languages you speak other than English: \_\_\_\_\_

### Do you know someone with disability

- family member     friend, neighbor

### How did you hear about KEEN?

- School                       Place of Employment  
 Friend                         Family member  
 Volunteer Bureau/Agency     Internet  
 Other \_\_\_\_\_

## BACKGROUND INFORMATION

### Place of Employment:

Employer: \_\_\_\_\_  
Title: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: (\_\_\_\_) \_\_\_\_\_, Extension: \_\_\_\_\_

### Place of Study

Name: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_  
Major/focus of study : \_\_\_\_\_  
Year of Graduation \_\_\_\_\_

### Highest level of education completed:

(Please circle one appropriate choices)

- Junior High: current enrollment - 6<sup>th</sup>, 7<sup>th</sup>, 8<sup>th</sup>, 9<sup>th</sup>
- Senior High School: current enrollment - 10<sup>th</sup>, 11<sup>th</sup>, 12<sup>th</sup>
- College: current enrollment - 1<sup>st</sup>, 2<sup>nd</sup>, 3<sup>rd</sup>, 4<sup>th</sup>
- High School diploma
- College Degree: Associate degree, Bachelor's degree
- Graduate Degree: Master's degree, PHD, JD, MD
- Other \_\_\_\_\_

## SKILLS or EXPERIENCE which might prove especially useful to KEEN

- Sports trainer/coach     Lifeguard     Musician     Fund Raiser  
 Special Event volunteer     Carpenter/Handyperson     Writer     Web site Designer  
 Other \_\_\_\_\_

Experience working with disabled youth (where)  
\_\_\_\_\_  
\_\_\_\_\_

Previous volunteer experience (where)  
\_\_\_\_\_  
\_\_\_\_\_

# KEEN LA VOLUNTEER REGISTRATION FORM II

(PLEASE PRINT LEGIBLY)

Name: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

## **REFERENCES**

Please list three persons over age 18 as personal references who have known you for at least one year and your relation to them e.g. coworker, friend, teacher, etc, please do not list family members or relatives.

<u>Name</u>	<u>Day Phone</u>	<u>Evening Phone</u>	<u>Relation</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

I authorize KEEN to verify the accuracy of all statements herein and release KEEN from liability in connection with same. I understand that the above references will be contacted by a KEEN representative if I become a regular KEEN volunteer. I agree to abide by all relevant KEEN policies and regulations, including the "Volunteer Screening and Monitoring Procedures," a copy of which has been provided to me. I also certify that I have never been convicted of a violent crime, child abuse or neglect, child pornography, child abduction, kidnapping, rape or any sexual offense, nor have I ever been ordered by a court to receive psychiatric or psychological treatment in connection therewith. By signing below, I authorize KEEN to photograph or film me at any KEEN activity for use in connection with KEEN promotional efforts.

Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

## **IN CASE OF EMERGENCY (ICE) CONTACT INFORMATION:**

ICE#1

_____	_____	_____
Name and Relationship	Day Phone	Cell Phone
_____	_____	_____
Name and Relationship	Day Phone	Cell Phone

# KEEN LA VOLUNTEER REGISTRATION FORM III

## Confidentiality Agreement

As a KEEN Volunteer, I agree to abide by KEEN's Privacy Policy, taking all reasonable measures to restrict the use and disclosure of Protected Information in accordance with the law and KEEN's Privacy Policy.

- I will not share any information concerning any athlete's health or medical information, including but not limited to information contained in the athlete profile, outside of a KEEN session or in any way unrelated to KEEN.
- I will return all athlete profiles to the session coordinator at the conclusion of each KEEN session.
- I will not contact a KEEN athlete at their home, school, place of work or any other setting outside of KEEN without the parent or guardian's express written permission.
- When discussing my participation in any KEEN program, I will be mindful of the need to protect the privacy and identity of KEEN athletes and their families.

Volunteer Name (Print)

Signature

Date

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