



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 - 6th, 7th, 8th, 9th
- Senior High School: current enrollment - 10th, 11th, 12th
- College: current enrollment - 1st, 2nd, 3rd, 4th
- 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: _____

Social Security #: _____, 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

ICE#2

Name and Relationship Day Phone Cell Phone