

KickStand Adult Volunteer Application Form

(KickStand Reviewed by: _____ Date _____)

KickStand is a safe and secure environment for all children and workers who are in our programs. To facilitate this it is necessary to collect information from those who offer volunteer services to KickStand. This information will only be used by KickStand. Please print clearly.

Name: _____ Date: _____

Current address: _____

City, State, Zip: _____ Date of birth: _____

Current phone numbers (Home): _____ (cell): _____

Email address _____

Position applying/volunteering for: _____

Do you have a valid driver's license? _____ Commercial license? _____

Is there any reason you should NOT work with or around children or youth? _____

Have you ever been the subject of a child abuse investigation? _____

If yes, please provide details: _____

Have you ever been convicted of or pleaded guilty to a criminal offense? _____

If yes, please provide details: _____

Please provide the following employment and experience information:

Current employer name and phone number _____

Address _____ Dates _____

Previous employer name and phone number _____

Address _____ Dates _____

Have you ever worked with youth or children? _____ List where: _____

Please list references:

Name: _____ Phone: _____

Address: _____ Years known each other: _____

Name: _____ Phone: _____

Address: _____ Years known each other: _____

I hereby give permission to make a thorough investigation of my past employment, education, and background, and release from liability all persons, companies, or corporations supplying such information. I also release KickStand from any liability that might result from making such an investigation. I understand that any false statements or implications made by me on this application or other required documentation shall be considered sufficient cause for denial of this application and discharge from KickStand.

Signature: _____ Date: _____

Once this application is reviewed you will receive an email explaining the volunteer process. Thank you for your interest in working with KickStand.

KickStand Volunteer Agreement

To keep KickStand a positive, safe, and functional atmosphere where everyone can learn and enjoy the benefits of cycling we all agree to conduct ourselves so that:

Kickstand is a safe and healthy place for all-

- I will keep Kickstand tobacco, drug and alcohol free.
- I will follow the staff's first request!
- I will be safe when riding any bike on the premises, always wear a helmet, and not race or horseplay.
- I will only use the tools for their designed purpose.
- I will always use appropriate language.
- I will keep Kickstand Bully free, I will keep my hands and feet to myself and never intimidate others.

We Are Respectful-

- I will be considerate of all the people around me.
- I will be a good representative for KickStand at the workshop and at KickStand events.
- I will be helpful around the shop, keep the tools and bikes in good condition and keep the shop clean.

We appreciate the resources Kickstand offers-

- I will be EXTRA careful when handling tools and will ask for help or permission before using a tool.
- I will put tools and supplies back in their place when I am finished using them.
- I will leave all tools and supplies at the work shop and will not borrow anything.

Please take food trash out every night, Please keep food out of the shop.

Please do not bring friends or family that do not want to help in the shop, it is a very small space.

Please turn off all lights and electrical appliances when closing up the shop, turn off the water, and close and lock all Windows and Doors.

Signed _____ Date _____

Please list any conditions, mental, physical, or behavioral needs and conditions we should be aware of such as medications being taken, food allergies, other allergies, physical limitations, etc.: