



VOLUNTEER APPLICATION

1. GENERAL INFORMATION

NAME: _____

ADDRESS: _____ APT.: _____

CITY: _____ STATE: _____ Zip: _____

How long have you lived at this address?: _____ years (if less than five years, please list previous addresses below).
Previous addresses:

Address: _____

Dates: _____

Address: _____

Dates: _____

Date of Birth (MM/DD/YYYY): _____ / _____ / _____

Home Phone: _____ Cell Phone: _____

E-Mail: _____

Alternate Contact: _____

This can be a cell, email, or person

Marital Status: Single Married Divorced Separated

Children: Yes No N/A

Child Name: _____ Age: _____

Child Name: _____ Age: _____

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2. EMPLOYMENT INFORMATION

Occupation/Job Title: _____

Employer Name: _____

Employer Address: _____

Name of Supervisor: _____ Supervisor's Title: _____

Start Date of Employment: _____ Work phone: _____

3. EDUCATION INFORMATION

1. High-School/GED Program Name: _____

High-School/GED Program Address: _____

High-School/GED Program Graduation/Completion Year: _____

2. Votech/College Name: _____

Votech/College Address: _____

Votech/College Completion Year: _____

Degree or Certificate Earned: _____

3. Votech/College Name: _____

Votech/College Address: _____

Votech/College Completion Year: _____

Degree or Certificate Earned: _____



4. REFERENCES

Please list the names, addresses, and phone numbers of two personal character references, plus one employer reference. Please list only nonrelatives you have known for at least a year.

Will you agree to have The ComeBack Kid Society program check your references

(Please circle) YES NO

Reference 1: Name _____ Relationship: _____ Years Known: _____

Phone: _____ Email: _____

Reference 2: Name _____ Relationship: _____ Years Known: _____

Phone: _____ Email: _____

5. BACKGROUND SCREENING (This information will be kept confidential & secure)

Will you agree to have The ComeBack Kid Society program check your background through federal and state agencies for criminal records and child abuse and neglect proceedings?

(Please circle) YES NO

Social Security Number (*Required for criminal records check*): _____ - _____ - _____

Do you have a valid Driver's License? Yes No

State Issue: _____ Date Issue: _____ Expire Date: _____ Number: _____

Have you ever been convicted of a crime? _____

If "Yes", please explain: _____



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6. MEDIA RELEASE

I hereby grant permission to **The Comeback Kid Society** and its assigns and licensees to take photographs or videos of me, and to make recordings of my voice. I give **The Comeback Kid Society** permission to use these images, videos, and recordings, as well as my likeness, name, and voice, as follows:

- The use may include reproduction, distribution, derivative works, display, and performance.
- The use may be in composite or modified forms and in any media, now known or later developed, including without limitation newspapers, television, radio, the World Wide Web, and social media.
- The use may be for any purpose throughout the world and in perpetuity, including, without limitation, education, trade, advertising, and promotion.

I further acknowledge that I will not be compensated for these uses, and that **The Comeback Kid Society** exclusively owns all rights to the images, videos, and recordings, and to any derivative works created from them. I waive the right to inspect or approve of the uses of any printed or electronic copy. I hereby release The Comeback Kid Society and its assigns and licensees from any claims that may arise from these uses, including without limitation claims of defamation or invasion of privacy, or of infringement of moral rights or rights of publicity or copyright.

This Release is binding on me, my heirs, assigns, and estate. **The Comeback Kid Society** is not obligated to use any of the rights granted under this Release. This Release expresses the complete understanding of the parties.

Full Name (Printed)

Signature

Date

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PH: 405 - 652 - 9692 **EM:** comebackkidsociety@gmail.com

Facebook: The Comeback Kid Society **Instagram:** @TheComebackKidSociety **Twitter:** @ComebackKid_OK



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7. ACKNOWLEDGEMENTS & AGREEMENTS

Please read this carefully before signing & initial and sign below:

I understand that I will be required to complete an in person interview and gain approval from the leaders of The Comeback Kid Society before I am able to begin volunteering.

I understand that I will be required to complete all of the free training sessions provided by The Comeback Kid Society before I am able to begin volunteering.

I understand that I will be required to utilize GroupMe to gather information and updates pertaining to my volunteering with The Comeback Kid Society.

I understand that I will be required to utilize Trello for training, data tracking, and resource sharing for The Comeback Kid Society.

I understand that I will be required to use my own personal phone device to communicate with The Comeback Kid Society staff, students, and parents.

I understand that I am expected to treat all students, parents, family members, volunteers, staff, and anyone who participates with The Comeback Kid Society with kindness and respect.

I understand that I am required to attend at least 2 quarterly volunteer nights per year.

I understand that if I choose & am selected to be a mentor in the Higher Ground program for one - on - one mentorship I will be required to complete a match meeting with subsequent paper work with my assigned student, the student's parent/guardian, and member of The Comeback Kid Society leadership before I can begin volunteering.

I understand that if I choose & am selected to be a mentor in the Higher Ground program for one - on - one mentorship I will be required to host/lead a 90 minute session with my assigned student(s) at least every other week.

I understand that if I choose & am selected to be a mentor in the Higher Ground program for one - on - one mentorship & am assigned a student from the juvenile detention center I will be required to host/lead a 90 minute session with my assigned student(s) every week.

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7. ACKNOWLEDGEMENTS & AGREEMENTS CONTINUED....

Please read this carefully before signing & initial and sign below:

I understand that if I choose & am selected to be a mentor in the Higher Ground program for one - on - one mentorship & am assigned a student from the juvenile detention center I will be required to have and maintain a drivers license and reliable transportation for sessions.

I understand that if I choose & am selected to be a mentor in the Turnaround program for juvenile detention center, I may be required to go through additional training and background check which will determine whether I can serve in the assigned juvenile detention center.

I understand that if I choose & am selected to be on the fundraising team that I will be committing to distribute at least 3 fundraising letters per month.

I understand that The ComeBack Kid Society is not obligated to provide a reason for their decision in accepting or rejecting me as a mentor.

I agree to follow all mentoring program guidelines and understand that any violation will result in suspension and/or termination of the mentoring relationship.

I understand that in order to volunteer with The Comeback Kid Society I must be at least 18 years of age and by initialing, I certify that I am 18 years of age or older.

I have read, understood & initialed the program's rules, regulations, and responsibilities for becoming a mentor. If selected I will follow the rules of the program and be a dedicated mentor.

By signing below, I _____ attest to the truthfulness of all information listed on this application and I agree to let The Comeback Kid Society confirm all information listed and to conduct a federal and state criminal records check.

VOLUNTEER NAME (Print First & Last)

DATE

SIGNATURE

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