



Kaleidoscope of Caring Inc.
 Serving Grieving Children & Families
 3608 Kavanaugh Blvd
 Little Rock, AR 72205
 (501)975-6666
 Email joangates@kaleidoscopekids.org

Date _____

Volunteer Application

Name	Date of Birth	Age
Address		
City/State/Zip		
Telephone: Day: _____ <small>(home/ work)</small>	Cell _____	e mail _____
Emergency Contact: Name _____	Phone: _____	Relationship _____
Are you currently volunteering? Yes _____ No _____	Start Date _____	Where _____
Supervisor: _____	Phone: _____	Duties: _____
Arkansas Current Driver's License? Yes _____ No _____	D L Number _____	
Do you have a car? Yes _____ No _____	Liability Insurance? Yes _____ No _____	

Work Experience:				
Organization: _____	Supervisor: _____	Phone: _____	From: _____	To: _____
Duties: _____				

Organization: _____	Supervisor: _____	Phone: _____	From: _____	To: _____
Duties: _____				
List any Clubs or organizations in which you are currently active: _____				
List any previous experiences with Children: _____				
Current License (s)				
Type: _____	Number: _____	State: _____	Exp: _____	
Education: (Highest level achieved)				
Institution: _____	City/ST _____	Degree/Maj/Cert _____	Date _____	

How did you learn about Kaleidoscope Kids?

What are your special interests, abilities or training?

In which areas would you like to work?
Supportive Care Assistance with Critically Ill: _____
Kid's Club Activities: Phone calls _____ Transportation _____ Group Monitor/Escort _____
Grief Groups : Set up/ Tear down/ Monitor; Facilitator/Helper _____ Transportation _____
Office _____ Kaleidoscope Resale Boutique _____ Marketing _____
Special Events/ Fund Raising _____ Other (please specify) _____

Have you experienced the loss of a loved one during the past year? Yes _____ No _____

What days and hours would you be able to work as a volunteer?
Monday _____ Tuesday _____ Wednesday _____ Thursday _____ Friday _____ Saturday _____
Please specify times available _____

References

Please print the names and address of two personal references, excluding family members , who have known you more than one year

Name	Phone
Address:	City, State, Zip

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Code of Ethics for Volunteers

As a volunteer, I realize that I am subject to a code of ethics similar to that which binds the professional in the field in which I work. I , like them, assume certain responsibilities and expect to account for what I do in terms of what is expected of me.

I understand that any information that is disclosed to me while assisting any member associated with Kaleidoscope Grief Center is confidential. I interpret "Volunteer" to mean that I have agreed to work without compensation in money. Having been accepted as a volunteer worker, I expect to do my work according to the standards set forth in the Volunteer Policies and Procedures.

Declaration

I hereby certify that the statements made on this application are true and correct to the best of my knowledge. I understand that, by submitting this application I authorize inquiries to be made concerning my employment, character and public records for the purpose of determining my suitability as a volunteer. I agree to abide by Kaleidoscope Grief Center rules and regulations. I agree to respect the confidentiality of any client information I acquire in the course of my volunteer activities with Kaleidoscope Grief Center.

Signature:	Date:
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Office Use Only

Source: Staff Referral _____	Volunteer Referral: _____	Public Service Announcement _____
Volunteer Fair _____	School or Court Ref (where?) _____	Marketing _____

Dept Assigned: _____	Date: _____
Badge: _____	Volunteer Orientation: _____
	Training _____