

ICCF - Inner City Christian Federation CHILD CARE VOLUNTEER REGISTRATION FORM

Thank you for your interest in caring for children whose families who are involved in ICCF programs. Because you are caring for children, we require the following information:

Name:		Date:					
Address:		City:					
State:		Zip code:		Home/Cell phone:			
Work phone:		E-mail address:					
Circle age group: Under 20 20-29 30-39 40-49 50 +							
Would you like to be on our mailing list? Yes No							
If you are affiliated with a group that is volunteering, what is its name? 							
Have you ever volunteered before? Yes No							
Where?		What did you do?					
Special training or interest: 							
Availability: List time available each day.							
	Mon	Tues	Wed	Thurs	Fri	Sat	Sun
AM							
PM							
How long can you commit to this volunteer service?							
When are you available to start?							
Do you have a valid driver's license? Yes No License # _____							
Do you have access to a car on a regular basis? Yes No							
Have you received any traffic violations within the past three years? Yes No If yes, please explain _____ _____							

BACKGROUND AUTHORIZATION RELEASE – VOLUNTEERS/INTERNS

I understand that, as a condition of consideration for me to volunteer with Inner City Christian Federation (ICCF), ICCF may obtain a consumer report and/or a consumer investigative report that includes, but is not limited to my employment and education verifications, social security verification, criminal and civil history, motor vehicle records, any other public records and any other information bearing on my character, general reputation, personal characteristics and trustworthiness. I hereby authorize and consent to Inner City Christian Federation’s procurement of such a report.

I authorize the complete release of these records or data pertaining to me which an individual, company, firm, corporation, or public agency may have. I understand that I need to provide my date of birth to adequately complete said screening. I hereby authorize and request any present or former employer, school, police department, or other person having personal knowledge of me to furnish ICCF or its designated agents with any and all information in their possession regarding me in connection with an application to serve as a volunteer with ICCF. I am authorizing that a photocopy of this authorization be accepted with the same authority as the original.

I hereby release ICCF and its agents, officials, representatives or assigned agencies, including officers, employees or related personnel, both individually and collectively, from any and all liability for damages of any kind, which may at any time result to me, my heirs, family or associates because of compliance with this authorization and request to release.

Signature
Date

Printed Name

NAME (full first, middle & last): _____
DATE OF BIRTH: _____

OTHER NAMES USED & DATES USED :

SSN: _____
CURRENT ADDRESS: length of time at address listed above: _____

PLEASE LIST YOUR PREVIOUS ADDRESSES FOR THE PAST TEN (10) YEARS. INCLUDE CITY, COUNTY, STATE, AND ZIP CODE.

1. _____
street address city state county zip

Dates of residence: start (month/yr) _____ end (month/yr) _____

2. _____
street address city state county zip

Dates of residence: start (month/yr) _____ end (month/yr) _____

3. _____
street address city state county zip

Dates of residence: start (month/yr) _____ end (month/yr) _____

References:

1) Name: _____ Phone: _____

2) Name: _____ Phone: _____

Assurance of Insurance:

Volunteers are not covered by ICCF's insurance policy. Please be aware that if you require any medical assistance as a result of your volunteer experience with ICCF, you and your insurance carrier are the primary respondents to the medical claim.

Do you have health insurance? YES NO

Name of insurance carrier: _____

Emergency contact: _____

Emergency contact phone number: _____

Signature: _____ Date: _____

Periodically, we take photographs of volunteers in action. Please be aware that the pictures taken could potentially be printed in local media, ICCF's promotional material, and/or ICCF's social media or web site.

Please treat any direct or indirect confidential material with the utmost respect and do not discuss or release the information outside our facilities.

Thank you for your gift of time and talent!

For more information, please contact:
Coordinator of Volunteer Services
616.336.9333 ext 411

ICCF is on Facebook as ICCF Inner City Christian Federation
Twitter: ICCFGrandRapids