



Help Us Help Homeless Families

Minor Volunteer Application

Thank you for your interest in giving your time to help us in our mission!

All information requested on this application is optional but preferred.

Personal Information

Name _____ Birthdate _____

Email _____

Phone Number _____ TShirt Size _____

Mailing Address _____

Employer/School _____

Volunteer Interests

How did you hear about ForKids? (If referred by a current volunteer, please list their name.)

Why do you want to volunteer at ForKids?

☐ Give Back to the Community

☐ Court/Community Service

☐ Resume Building

☐ School Requirement

In which volunteer fields are you interested?

☐ After-School Tutoring

☐ Childcare

☐ Good Mojo Thrift Store

☐ Data Entry

☐ Administration/Office

☐ Special Events

☐ Supply Drives

☐ Landscaping/Maintenance

What is your volunteer availability? Please note days and times below:

MON.	TUES.	WED.	THURS.	FRI.	SAT.	SUN.

☐

I understand that volunteers may be directly or indirectly photographed during volunteer projects, and by CHECKING this box, I agree that ForKids may use such photographs of me for any lawful purpose, including for example such purposes as publicity, illustration, advertising, and Web content.



PARENTAL/GUARDIAN CONSENT

_____, a minor child 13 years or older, wishes to participate as a volunteer at Good Mojo Thrift Store or for a ForKids special activity. ForKids/Good Mojo volunteerism involves activities both on and off the premises of ForKids' properties. As the minor's parent/legal guardian, I hereby consent to his/her participation in the volunteer activity without my direct supervision (minor to be unaccompanied during volunteer hours).

I am not aware of any physical or medical condition that would interfere with the child's ability to participate. If the child is injured or becomes ill and neither I nor any other parent/guardian identified below can be reached, I give ForKids permission to seek medical attention for the minor.

Signature of parent/guardian

Date

Printed name of parent/guardian

Media Release: I understand that the minor may be photographed during the course of volunteering. I grant full and unlimited permission to ForKids, and its agents and affiliates, to use the minor's name, photographs, or any other record of volunteerism in any broadcast, telecast, social media, or other account of volunteerism for publicity purposes, without compensation.

Do you give permission? **YES / NO** Initial here to confirm choice _____

Emergency Information

Please indicate how we can reach you in an emergency:

Contact 1:

Name: _____

Relationship to minor: _____

Home phone: _____

Mobile phone: _____

Contact 2:

Name: _____

Relationship to minor: _____

Home phone: _____

Mobile phone: _____

Child's physician:

Name: _____

Phone: _____