



## Volunteer Application

Date of Application: \_\_\_\_\_

Thank you for your interest in volunteering with Kreative Minds Direct Care. Please complete the following information to help us understand your skills, availability, and interests.

### Personal Information

• Full Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

• Address: \_\_\_\_\_

• City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

• Phone Number: \_\_\_\_\_

• Email: \_\_\_\_\_

### Emergency Contact

• Name: \_\_\_\_\_

• Relationship: \_\_\_\_\_

• Phone Number: \_\_\_\_\_

### Availability

• Days Available (check all that apply)

Monday  Tuesday  Wednesday  Thursday  Friday  Saturday  Sunday

Times Available:  Morning  Afternoon  Evening



**Would you like to be added to our Last-Minute Event Contact List?**

- Yes, I would like to be added.
- No, I prefer not to be contacted for last-minute events.

• Preferred Start Date: \_\_\_\_\_

**Education and Experience**

• Highest Level of Education Completed : \_\_\_\_\_

- Do you have any previous volunteer experience? •  Yes •  No
- If yes, please describe your previous volunteer experience, including organization names, roles, and dates:

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**Skills and Interests**

Why are you interested in volunteering with us?

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- Do you have any specific skills, languages, or training that may be useful in working with individuals with disabilities?

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### References

Please provide two personal or professional references (not family members).

1. Name: \_\_\_\_\_

• Phone: \_\_\_\_\_

• Relationship: \_\_\_\_\_

2. Name: \_\_\_\_\_

• Phone: \_\_\_\_\_

• Relationship: \_\_\_\_\_

Background Check and Consent As part of our screening process, a background check will be conducted.

• Have you ever been convicted of a crime?  Yes  No

• If yes, please explain:

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Agreement and Signature By signing below, I certify that the information provided on this form is accurate and complete. I authorize Kreative Minds Direct Care to verify my references and conduct a background check.

I understand that any false information may disqualify me from volunteering.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Thank you for your application. We will be in touch shortly regarding the next steps in the volunteer process. Let me know if you'd like to add or modify any section!