



## VOLUNTEER FORM

NAME \_\_\_\_\_ Age \_\_\_\_\_

Address \_\_\_\_\_

Phone # \_\_\_\_\_ Alternate # \_\_\_\_\_

Email \_\_\_\_\_

Availability

| Day Of The Week | Time From/To | AM or PM |
|-----------------|--------------|----------|
| Sunday          |              |          |
| Monday          |              |          |
| Tuesday         |              |          |
| Wednesday       |              |          |
| Thursday        |              |          |
| Friday          |              |          |
| Saturday        |              |          |

Disclaimer: Due to the privacy laws regarding information pertaining to minors; any and all information related to participants in the KIR Youth Ministry will not be discussed by \_\_\_\_\_ outside of the ministry. Any breach of this disclaimer will result in dismissal from the KIR organization and possible prosecution.

Volunteer Signature \_\_\_\_\_ Date \_\_\_\_\_

## FAMILY CARE SAFETY REGISTRY

Last Name \_\_\_\_\_

First Name \_\_\_\_\_ M.I. \_\_\_\_\_

Social Security Number \_\_\_\_\_

Date of Birth \_\_\_\_\_

|                                      |             |
|--------------------------------------|-------------|
| SIGNATURE OF AUTHORIZED STAFF MEMBER | DATE SIGNED |
| X _____                              | / / 20      |

|  |
|--|
| TYPE OR PRINT AUTHORIZED STAFF MEMBER NAME |
| X _____                                    |

KEEP IR REAL YOUTH M...