



Success for Our Kids, Inc.

"A Public Charity Non-Profit Organization"



Volunteer Interest Form

YEAR _____

Name: _____ ***Birthdate** _____ **Age** _____

Address: _____ **City** _____ **State** _____ **Zip Code** _____

Telephone: _____ **Cell #:** _____ **E-Mail** _____

Program (check One) Mentoring _____ Tutoring _____ Summer Camp _____

***SS#** _____ **Days Available** _____ **Hours Available** _____

I would like to help with: **(Check all that apply)**

Team Leader _____ Mentor Boys _____ Mentor Girls _____ Clerical _____ Group Leader _____

Assist with Homework _____ Activity Planner _____ Custodial _____ Computer Assistant _____

Tutor _____ Teacher's aide _____ Other _____

Describe experience and length of time that you have worked with children ages 5-19

Do you have any physical limitations/health conditions that would affect your ability to work with children?

Yes__ No__ If yes, please explain _____

In case of emergency, please contact:

Name _____ Telephone _____ Relationship _____

Have you ever been charged/convicted of a felony or a crime involving children/juvenile? Yes _____ No _____

If yes, please explain _____

I understand that in order to participate in any of the SOKs programs, I must abide by all guidelines. I further understand that I must undergo a criminal background clearance. My signature below indicates that I understand this requirement and consent to having it performed

Signature _____ Date _____

Note: All persons involved with the SOKs programs are required to complete an interest form, and provide birthdate and social security number. As mandated by insurance underwriters, all applicants working with children must receive a criminal background clearance.