



# Kids Making It Volunteer Application

Full First: \_\_\_\_\_ Full Middle: \_\_\_\_\_ Last: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Other Phone: \_\_\_\_\_

**AREAS OF VOLUNTEER INTEREST (we have needs in all of these areas):**

Fundraising Events   
  Grant Writing   
  Arts/Crafts with Youth   
  Marketing  
 Woodworking with Youth   
  Festivals & Farmers Market   
  Other \_\_\_\_\_

**PREFERRED TIME TO VOLUNTEER:**

Weekdays (mornings)   
  Weekdays (afternoons)   
  Saturday   
  Sunday   
  Flexible

Additional Comments regarding availability: \_\_\_\_\_

**RELEVANT SKILLS, HOBBIES, AND/OR EXPERIENCE:**

\_\_\_\_\_

\_\_\_\_\_

ANY MEDICAL CONDITIONS, HEALTH CONCERNS OR OTHER INFORMATION THAT WE SHOULD BE AWARE OF: \_\_\_\_\_

**Authorization for Criminal Background and other Relevant Records Check/Photo Release**

I certify the accuracy of all of the above information, and authorize the release to the Kids Making It Woodworking Program, (and any of its representatives) of all criminal or other public records, from any and all jurisdictions. I, \_\_\_\_\_, hereby release Kids Making It, Inc., (“KMI”) its staff, board and volunteers from any and all liability for damages for property loss and/or injuries sustained by me while present on the KMI premises and adjoining lot at 617 Castle Street, Wilmington, NC, or while participating in KMI program activities off the premises, whether as a volunteer, program participant, parent/guardian, community worker, visitor or in any other capacity. In signing this release, I acknowledge the need to exercise caution when in the presence of tools and machinery which may be inherently dangerous.

I, \_\_\_\_\_, further give my permission for Kids Making It, Inc. to use photographic and/or video images of me for program purposes, on KMI literature, KMI brochures, on the KMI website, on social media and in media stories about KMI or in other lawful and appropriate ways related to the KMI program. I understand that such photographic and video images may be distributed to granting sources and others who may utilize the images in reporting about or promoting the KMI program.

\_\_\_\_\_                      \_\_\_\_\_                      \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_                      \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
 Signature                      Date                      SS#                      DOB  
 Driver's License# \_\_\_\_\_ State \_\_\_\_\_

**EMERGENCY CONTACT:**  
 Name: \_\_\_\_\_ Relationship \_\_\_\_\_ Phone #: \_\_\_\_\_