



KIDS FIRST CAST, INC.

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**Temporary Volunteer Application  
for Cabin Fever Reliever Event February 4, 2017**

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

Organization: \_\_\_\_\_

Volunteers Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_

Emergency Contact Phone: \_\_\_\_\_

**Please read the following carefully before signing this application.**

I understand that this is an application for and not a commitment or promise of volunteer opportunity.

I certify that I have and will provide throughout the selection process, including on this application for a volunteer position and in interviews with **Kids First Cast, Inc.**, information that is true, correct and complete to the best of my ability and that I have not and will not withhold any information that would unfavorably affect my application for a volunteer position. I understand that information contained on my application will be verified by **Kids First Cast, Inc.** I understand that misrepresentations or omissions may be cause for my immediate rejection as an applicant for a volunteer position with **Kids First Cast, Inc.** or my termination as a volunteer.

I understand that with this application I also give **Kids First Cast, Inc.**, my permission to submit to a background check.

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

Social Security # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Driver's License # \_\_\_\_\_ State of License: \_\_\_\_\_

LIST OF DISQUALIFIERS  
FOR VOLUNTEERS BACKGROUND CHECK

Any Felony Conviction

Cannot be (currently) on: Probation, Parole, intermittent work release or the subject of a criminal investigation.

No Sexual Crime convictions.

No Hate Crime convictions.

No Crimes against children.

No misdemeanors in the past 5 years.

No violent misdemeanors in the past 5 years.

No general (non-violent) misdemeanors in the past 3 years.