



VOLUNTEER APPLICATION

APPLICANTS INFORMATION

Full Name _____

Address _____

City, State, Zip _____

Home Phone (_____) _____

Mobile Phone (_____) _____

Email Address _____

Date of Birth _____

Current Occupation _____

Company _____

How long have you worked for this employer? _____

Are you currently in school? YES NO If yes, complete the following:

Grade Level _____ Current GPA _____

School Attending for 2014-2105 _____

List Your Extracurricular Activities: _____



List Any Community Service you participate in: _____

What is your race?

- Asian American or Pacific Islander
- Black or African American
- Hispanic, Latin or Mexican American
- Native American or American Indian
- White, Caucasian or European American
- Multiracial or Multiple Heritage

What language do you speak most often at home?

- English
- Spanish
- French
- Other _____

Applicants T-Shirt Size:

- Adult Small
- Adult Medium
- Adult Large
- Adult Extra Large

List other languages you speak fluently:

Have you worked with children before? YES NO

If yes, explain in what capacity: _____

What is your availability? (List days of the week and times) _____



Do you have a valid drivers license? YES NO

Has your drivers license ever been suspended or revoked? YES NO

Have you ever been charged with a DUI? YES NO

Do you own a motor vehicle? YES NO

If yes, do you have valid auto insurance? YES NO

Have you ever been charged or convicted of a criminal offense? YES NO

If yes, please explain: _____

Do you use illegal drugs? YES NO

Have you ever been charged with child abuse or neglect? YES NO

If yes, please explain: _____



PERSONAL REFERNECES

REFERENCE #1

Full Name _____

Primary Phone (_____) _____

Email Address _____

REFERENCE #2

Full Name _____

Primary Phone (_____) _____

Email Address _____

REFERENCE #3

Full Name _____

Primary Phone (_____) _____

Email Address _____

ADDITIONAL INFORMATION

EMERGENCY CONTACT

Full Name _____

Primary Phone (_____) _____

Email Address _____



SIGNATURE OF APPLICANT

By submitting this form you hereby agree to the terms of our Media Release Form. You further acknowledge that you have read and submitted signed copies of these forms and all other statements required to submit this application. Submission of this application authorizes Kids on the Move for Success, Inc. to verify any and/or all of the information you have provided. You hereby certify that the information provided is true and correct to the best of your knowledge.

Dated this _____ day of _____, 20 _____.

Signature of Applicant

Print Full Legal Name



MEDIA RELEASE FORM

Be it hereby known that I, _____ ("Releaser"), do hereby give, consent, and forever grant to Kids on the Move for Success and/or Antoinette Tuff LLC ("Assignee"), its representatives, licensees, marketers, and any other related parties or publishers of its promotional materials and their successors and assigns, the right to use, publish and copyright my picture, portrait or likeness, in photo, video and film format, in whole or part, including alterations, modifications, derivations, and composite thereof, in CDs, films, advertising and similar such promotions and renditions throughout the world. This right shall include the right to combine my likeness with others and to alter my likeness by digital or other means.

I further release all rights that I, or my heirs might have now and/or in the future to all or part of the said production, including but not limited to the publishing, printing, development, editing, and use in newspapers and other forms of printed media, social media, broadcasting, cablecasting, webcasting, podcasting, video on demand, or any other public or private presentation or screening purposes by developed or designed by the Assignee or its successors and assigns.

I also hereby release the Assignee and such other parties from any obligation to make any payment hereunder or from any other liability incurred in connection with the use of any of the materials described above. I knowingly and willingly waive any and all rights or entitlements, including payments for my appearance or for the subsequent distribution of the products related to this program.

Releaser hereby acknowledges his/her full and complete satisfaction with the terms of this Release.

Dated this _____ day of _____, 20 _____.

Signature of Releaser

Address

Print Full Legal Name

City, State & Zip Code

Email Address

(_____)

Phone Number



[IF THE RELEASER IS LESS THAN 18 YEARS OF AGE, PLEASE COMPLETE THE FOLLOWING]

I, _____, (“Parent/Legal Guardian”), residing at the address listed below, do hereby warrant that I am the Parent or Legal Guardian of (Name of minor subject to this Agreement) _____, a minor, and have the full authority to authorize the above Release, which I have read and approved. I hereby release and agree to indemnify the aforementioned parties and their respective successors and assigns, from and against any and all liability arising out of the exercise of the rights granted by the above Media Release Form.

Dated this _____ day of _____, 20 _____.

Signature of Parent or Legal Guardian

Address

Print Full Legal Name

City, State & Zip Code

Email Address

(_____)

Phone Number

ASSIGNEE ACCEPTANCE & ACKNOWLEDGEMENT

Signature of Company Representative

Date of Acceptance & Acknowledgment

Print Full Legal Name