

KEEN VOLUNTEER REGISTRATION FORM
(PLEASE PRINT LEGIBLY)



I. GENERAL INFORMATION

Name: _____ Social Security #: _____ Date: ____/____/____
Address: _____ City: _____ State: ____ Zip Code _____
Telephone Numbers: Evening: (____) _____ Day time: (____) _____ Cell: (____) _____
E-Mail Address: _____ Date of Birth (optional): _____

II. BACKGROUND INFORMATION

What is your highest level of education?

(a) Junior/Senior High School: 8 9 10 11 12 Undergraduate/Graduate Degree Major

(b) Major & Year of Graduation: _____

(c) Current Educational Enrollment: Name: _____ City: _____ State: _____

If you are employed, please complete the following:

Employer: _____ Address: _____

Title: _____ Telephone: (____) _____

III. SKILLS or EXPERIENCE which might prove especially useful to KEEN

Sports trainer Lifeguard Musician Other

Experience working with children w/ disabilities (where) _____

Previous volunteer experience (where) _____

How did you hear about KEEN (e.g. friend, volunteer bureau, NY Cares)? _____

IV. REFERENCES

Please list three persons (and your relation to them e.g.: coworker, friend, teacher, etc.) over age 18 as personal references who have known you for at least one year and who are not related to you:

Name Day Phone Evening Phone Relation

_____ (____) _____ (____) _____

_____ (____) _____ (____) _____

_____ (____) _____ (____) _____

I authorize KEEN to verify the accuracy of all statements herein and release KEEN from liability in connection with same. I understand that the above references will be contacted by a KEEN representative if I become a regular KEEN volunteer. I agree to abide by all relevant KEEN policies and regulations, including the "Volunteer Screening and Monitoring Procedures," a copy of which has been provided to me. I also certify that I have never been convicted of a violent crime, child abuse or neglect, child pornography, child abduction, kidnapping, rape or any sexual offense, nor have I ever been ordered by a court to receive psychiatric or psychological treatment in connection therewith. By signing below, I authorize KEEN to photograph or film me at any KEEN activity for use in connection with KEEN promotional efforts.

Signature: _____



Confidentiality Agreement

As a KEEN Volunteer, I agree to abide by KEEN's Privacy Policy, taking all reasonable measures to restrict the use and disclosure of Protected Information in accordance with the law and KEEN's Privacy Policy.

- I will not share any information concerning any athlete's health or medical information, including but not limited to information contained in the athlete profile, outside of a KEEN session or in any way unrelated to KEEN.
- I will return all athlete profiles to the session coordinator at the conclusion of each KEEN session.
- I will not contact a KEEN athlete at their home, school, place of work or any other setting outside of KEEN without the parent or guardian's express written permission.
- When discussing my participation in any KEEN program, I will be mindful of the need to protect the privacy and identity of KEEN athletes and their families.

Volunteer Name (Print)

Signature

Date