



Please Print Volunteer Application Date: \_\_\_\_\_

I am volunteering as (check one):  An individual  A member of an organization/company

Birth Name: \_\_\_\_\_

Organization/Company Name: \_\_\_\_\_

Organization/Company Contact: \_\_\_\_\_ Contact Phone: \_\_\_\_\_

(If student) Name of high school/college: \_\_\_\_\_

Gender: M \_\_\_ F \_\_\_ Ethnicity: \_\_\_\_\_ DOB: \_\_\_/\_\_\_/\_\_\_ Age: \_\_\_\_\_

For demographic tracking purposes only; LHF does not discriminate on the basis of sex, race, color, religion, citizenship, age, disability or national origin

Home Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

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

Please contact me via:  phone  e-mail Email Address: \_\_\_\_\_

Emergency contacts:

1. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

2. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_ How did

you learn about LHF volunteer opportunities? \_\_\_\_\_

Do you have any experience working with children or volunteering?

Language(s) Spoken:  English  Spanish  Other: \_\_\_\_\_

Occupation? \_\_\_\_\_ What type of transportation do you use? \_\_\_\_\_

Days of the week available:  Monday  Tuesday  Wednesday  Thursday  Friday Preferred time available:

What kind of a time commitment are you able to make? (One time - a year, etc.)

Are there any physical limitations or are you under any course of treatment which might limit your ability to preform certain types of work? \_\_\_\_\_

References:

Current employer: \_\_\_\_\_

Please list two character references:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ How Many Years Known: \_\_\_\_\_

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

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ How Many Years Known: \_\_\_\_\_

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



I agree in the course of considering my application IF NECESSARY, you may inquire to verify information considering my background. I specifically authorize you to investigate all statements in this application. I authorize employers and references listed above to give you any and all information concerning my employment and ability to work with children and young people. I further release and hold harmless the Little Heroes Fund, I and references listed above and any law enforcement agency, from all liability and any damages that may result from furnishing this information to you.

I agree that Little Heroes Fund Inc. shall not be responsible for any personal injuries or losses sustained by me while on LHF premises or as a result of any agency sponsored activities. I further agree to indemnify and save harmless Little Heroes Fund from any claims or demands arising out of such injuries or losses.

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

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

Please return to: Little Heroes 7 Allen Ave North Providence RI 02911

**Volunteer Background Check**

To ensure the safety of the children, all employee/volunteer applicants 18 and older must complete this section before the application can be processed. Your cooperation is greatly appreciated.

Please submit this form with a copy of Driver's License and Social Security Card via EMAIL to: [info@littleheroesfund.com](mailto:info@littleheroesfund.com)

Please choose which type of check to be performed:

\_\_\_\_\_ National Criminal Report \_\_\_\_\_ Motor Vehicle Report \_\_\_\_\_ Sex Offender

Check Driver's license #: \_\_\_\_\_ State: \_\_\_\_\_

Please Print

Name:

\_\_\_\_\_ (Last) (First) (Middle)

Maiden /Alias Names: \_\_\_\_\_ Social Security \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

\_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

\_\_\_\_\_



Have you ever been convicted of a misdemeanor? Y / N

Convicted of a felony? Y / N If yes, please list charge and date of offense:

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I hereby authorize LHF and/or the company of its choice to make an independent investigation of my background, references, character, past employment, education, criminal or police records, including those maintained by the State of Rhode Island Department of Public Safety, Department of Corrections, County Courts databases, Sexual Offender Registry, other public and private organizations and all public records for the purpose of confirming the information contained on my application and/or obtaining other information which may be material to my qualifications for volunteering or employment.

I release Little Heroes Fund Inc. and/or the company of its choice and any person or entity which provides pursuant to this authorization, from any and all liabilities, claims or lawsuits in regard to the information obtained from any and all of the above referenced sources.

I understand that any offer of employment or volunteering is contingent on a satisfactory background investigation. I also understand that this form will be kept in my permanent file if I am employed or if I volunteer. I certify that the following is my true and complete legal name and all information contained herein is true and correct to the best of my knowledge.

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