For Office Use Only			
Received			
Interviewed			
Contacted			
Background ck			
Training #1 Training #2			



Sponsored by KidS³, Inc. 2500 Dallas Highway, Suite 202, #480, Marietta, Ga 30064 October 6-8 (Girls); October 20-22 (Boys) • 2017

RETURNING VOLUNTEER/COUNSELOR APPLICATION

Instructions: *Please Print.* Only fill out the necessary items that have changed or have not previously been recorded from your original application. We do read and evaluate your responses.

Date	Drivers License #	Social Se	Social Security #	
Last Name	First Name	Sex	Birthdate	
Street		Age	Marital Status	
City	State		Zip	
Occupation		Number of years		
() Home Phone	() Bus. Phone	Email address		
Emergency Contact	() Phone		
	nall			
Have you worked with or	r associated with abused, neglecte	ed or abandoned children	this past year?	
No Q Yes. In what w	/ay:			
Please describe why you	ı wish to return as a volunteer for a	abused kids?		

MEDICAL HISTORY

Have you had any medical problems? \Box NO \Box Yes, please describe:

Do you take any medications?	NO Yes, please list medicine and any side effects:
Have you had any serious injurie	es or illness since last camp?
PERSONAL GROWTH (If you were abused, neglected o	please use the back if needed) or abandoned as a child, how did that affect you at camp?
Please describe your spiritual gr	rowth since you have been a volunteer:
How has Royal Family Kids' Car	mp™ / Xtreme Life made an impact on your life?
From your experience, what wo	uld you suggest to a new volunteer coming for the first time?
Can you name a staff or counse	elor that was a great help to you? And in what way?
How has your family responded	to you being involved with KidS ³ ?
What current ministries or activit	ties are you involved with at your church?
What new strengths and weakne	esses have you discovered since working with abused kids?
Strengths	Weaknesses
	1
2	2

SUGGESTIONS FOR IMPROVEMENT

List any suggestions you feel would make the camping experience for the kids, counselors & staff even better!

Since your original application have you been arrested for a criminal offense?	D NO	□ YES
Since your original application have you been accused of any sexual misconduct?	🗆 NO	□ YES
Since your original application have you been <i>convicted</i> of <u>any sexual misconduct</u> ?		YES
Since your original application have you taken drugs other than prescription drugs?	🗆 NO	U YES
If you answered "YES" to any of the above please explain		

By signing my name, I hereby signify the above information is true and correct to the best of my knowledge.

Print Name

Signature

Date