



# Bea's Kids Volunteer Registration Form

Scan form and e-mail to: [beaskidstutoring@gmail.com](mailto:beaskidstutoring@gmail.com)

MAIL to PO Box 110165, Carrollton, TX 75011-0165

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

Legal Name: \_\_\_\_\_ Birth Date(required): \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ St \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone #: home: \_\_\_\_\_ work: \_\_\_\_\_ cell: \_\_\_\_\_

Email address: \_\_\_\_\_ Driver's License # (required); \_\_\_\_\_

Company or School: \_\_\_\_\_ Club or organization: \_\_\_\_\_

Are you fluent in any language besides English? Yes \_\_\_ No \_\_\_ If yes, what: \_\_\_\_\_

Availability: (please check days, indicate times and circle a.m. or p.m.)

Mondays (from \_\_\_\_\_ a.m./ p.m. to \_\_\_\_\_ a.m./ p.m.)

Tuesdays (from \_\_\_\_\_ a.m./ p.m. to \_\_\_\_\_ a.m./ p.m.)

Wednesdays (from \_\_\_\_\_ a.m./ p.m. to \_\_\_\_\_ a.m./ p.m.)

Thursdays (from \_\_\_\_\_ a.m./ p.m. to \_\_\_\_\_ a.m./ p.m.)

Fridays (from \_\_\_\_\_ a.m./ p.m. to \_\_\_\_\_ a.m./ p.m.)

Weekends (from \_\_\_\_\_ a.m./ p.m. to \_\_\_\_\_ a.m./ p.m.)

Frequency (check one): \_\_\_ once a week \_\_\_ once a month \_\_\_ occasionally \_\_\_ other: \_\_\_\_\_

Special training,

skills,hobbies: \_\_\_\_\_ -

\_\_\_\_\_

\_\_\_\_\_

Please describe your previous volunteer experience: \_\_\_\_\_

\_\_\_\_\_

Why do you want to volunteer with Bea's Kids? \_\_\_\_\_

## Personal References (outside of your family):

Name Relationship Phone Number Email

1. \_\_\_\_\_

2. \_\_\_\_\_

**Background Investigation Authorization**

The Bea's Kids Program is dedicated to the enrichment of the children's lives. Protecting the overall well-being of the children is an essential component of this enrichment process. As a precautionary measure, volunteers who will interact with the children are asked to authorize a background investigation.

Name (Please print clearly): \_\_\_\_\_

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

By signing above, I am releasing Bea's Kids to conduct an investigation of my background. Initial here: \_\_\_\_\_

**If Volunteer is under 18 years, signature of Parent or Guardian is required:**

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