

WILLITS KIDS CLUB, INC.
P.O. BOX 1845
WILLITS, CA 95490

Volunteer Application

Type or Print only

Date: _____

Name: _____

Address: _____

Telephone: _____ Message Phone: _____

NOTICE

If you are 18 or older: In compliance with A.B. 1610, prior to starting volunteering with the Willits Kids Club, you must pass fingerprinting clearance. Until your background check has been completed, and you have received a clearance from the DOJ, you may not begin to volunteer. You must also have a current T.B. test

**Please use the arrow keys to move to the next field if you run out of room*

What age group do you like to work with? _____

What days and hours are you available to volunteer _____

What language(s) do you speak, write or understand? _____

What is your interest in volunteering? What skills can you share? What academic subjects are your specialties?

Signature

Date