



# Volunteer Application

Smiles Change Lives (SCL) ensures our volunteers meaningful work with opportunities to learn and grow. SCL is committed to the idea that volunteers are:

- A vital link to the community
- Ambassadors for our mission
- Essential members of our work force
- Bracing kids for a better future

**For questions regarding our volunteer program, please contact:**

**Gracie Harrison at (816) 421-4949, ext. 234, or [gracie@smileschangelives.org](mailto:gracie@smileschangelives.org)**

Opportunities include:

- Maintaining our database; online research; various administration projects such as mailings, filing.
- Please refer to our website, [www.smileschangelives.org/volunteer](http://www.smileschangelives.org/volunteer) for additional information.

**Name:** \_\_\_\_\_  
*First M.I. Last*

**Address:** \_\_\_\_\_  
*Street Address Apt No., Unit No., PO Box*

\_\_\_\_\_  
*City/State Zip Code:*

**Email:** \_\_\_\_\_ **Occupation:** \_\_\_\_\_

**\*Date of Birth:** \_\_\_\_\_

*\* Due to confidentiality and HIPPA guidelines, minimum age requirement for most volunteer opportunities is 18.*

**Preferred contact number:** (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  home  cell  other

**Please tell us how you heard about SCL:**

\_\_\_\_\_

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

**Reference:** *(name; address; phone number)*

\_\_\_\_\_

**Are you volunteering to fulfill a court ordered community service obligation?**  Yes  No

**If yes, how many hours are you seeking to volunteer?** \_\_\_\_\_



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**Please list your availability:**

(Please indicate your available hours. Office is closed on weekends.)

	<b>Morning</b>	<b>Afternoon</b>
<b>Monday</b>		
<b>Tuesday</b>		
<b>Wednesday</b>		
<b>Thursday</b>		
<b>Friday</b>		

**Do you have computer experience?**

\_\_\_\_\_

**What are your hobbies? What do you like to do for fun?** \_\_\_\_\_

\_\_\_\_\_

**List previous or current volunteer experience:**

*Organization*

*Position/Major Responsibility*

*Reference*

1) \_\_\_\_\_

2) \_\_\_\_\_

3) \_\_\_\_\_

**Are you willing to consent to a background check?**  Yes  No

**Thank you for your expressed interest in supporting the SCL staff in bracing kids for a better future!**

\_\_\_\_\_  
*Signature of Applicant*

\_\_\_\_\_  
*Date*