



Helloooooooooooooo,

We are thrilled you want to join our team! We have family events and/or fundraisers it seems every ten minutes so your help is not only needed, but much appreciated! The children and families we serve will impact your life more than you can imagine! You will not be joining a group of strangers, but instead “a room full of friends.” So please... sign up, jump in, and come ready to work hard, but play harder!

Courageous Kidz is a non-profit organization, created to provide a “Safe Haven for Kids with Cancer.” Cancer is a devastating disease that alters the lifestyle of not only the child, but the entire family. We at Courageous Kidz believe that “the child has the disease and the family has cancer.” The seemingly never-ending medical appointments, countless hospitalizations, surgeries and the dreaded days of feeling crummy, often takes an overwhelming toll on even the most stable of homes. A child with cancer can go from a simple, carefree life to one where doctors and nurses are the ones they see the most.

This is where Courageous Kidz steps in, roaring loudly, to “pick up the pieces” and bring the “will to fight one more round” back to these amazing families! We want the child and the family to live life to the fullest, despite a cancer diagnosis.

Our symbol is the lion; a symbol of courage, spirit, determination, stamina, loyalty and most importantly, love for the family. We strive to make every child smile, even in the darkest of times. We endeavor to make every family feel at peace, even in the midst of this storm. It is the mission of Courageous Kidz to provide these children with hope a positive self-image and the will to fight “one more round” while at the same time allowing these children to be “wonderfully ordinary” under very unordinary circumstances. We strive to give the Magic of hope!

Cancer is a life-altering and sometimes life-threatening event. Although medical science has made great strides in extending the lives of children with cancer and in some cases even discovered cures, cancer continues to be the number one killer of children between the ages of 1 to 14 today.

We LOVE what we do and are inspired daily with “our” children’s courage, stamina and tremendous capacity to love! We look forward to receiving your paperwork.

Warmly,

Deborah “Flash” Stephenson  
Founder/Director

Courageous Kidz - A Safe Haven for Kids with Cancer...giving the Magic of HOPE!  
230 OLD DOMINION DR, S.C. 29418

# COURAGEOUS KIDZ VOLUNTEER APPLICATION

Full Name: \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_\_

Home Address \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ County: \_\_\_\_\_

Home Phone #: \_\_\_\_/\_\_\_\_/\_\_\_\_ Work Phone #: \_\_\_\_/\_\_\_\_/\_\_\_\_ Cell: \_\_\_\_/\_\_\_\_/\_\_\_\_

E-Mail Address \_\_\_\_\_

Occupation & Employer \_\_\_\_\_

Is it okay to call you at work? YES ( ) NO ( ) T-Shirt Size \_\_\_\_\_

Education Background: High School \_\_\_\_\_ Year Graduated \_\_\_\_\_

College \_\_\_\_\_ Major/Degree \_\_\_\_\_ Yr. Grad: \_\_\_\_\_

Please list three Outstanding Characteristics you have that will contribute to our Program:

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

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

3. \_\_\_\_\_

Rank one through four the age groups with which you prefer working:

\_\_\_\_\_ 4-7

\_\_\_\_\_ 8-10

\_\_\_\_\_ 11-13

\_\_\_\_\_ 14-17

Please list any experience working with children/where?

\_\_\_\_\_

\_\_\_\_\_

How did you hear about COURAGEOUS KIDZ? \_\_\_\_\_

Why do you want to Volunteer? \_\_\_\_\_

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

**Please provide two character references (no family members please)**

Name: \_\_\_\_\_ Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

**Please select areas in which you have experience, education, skills or interest:**

Arts & Crafts \_\_\_\_\_ Culinary \_\_\_\_\_ Sewing \_\_\_\_\_

Painting/Art: \_\_\_\_\_ Ceramics: \_\_\_\_\_ Woodworking: \_\_\_\_\_

Waterfront \_\_\_\_\_ Adventure Course: \_\_\_\_\_ Karate: \_\_\_\_\_

(Red Cross WSI certification)

**MEDICAL:**

MD: \_\_\_\_\_ Specility: \_\_\_\_\_ RN: \_\_\_\_\_ LPN: \_\_\_\_\_

EMT: \_\_\_\_\_ Paramedic: \_\_\_\_\_

Current Employer and position held: \_\_\_\_\_

\_\_\_\_\_

Final Note: Applications are available to any person 20+ years or older without regard to race, gender or religion.

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

## APPLICANTS CERTIFICATION AND AGREEMENT

(Please read carefully)

I hereby authorize COURAGEOUS KIDZ to obtain information pertaining to any charges or convictions I may have for Federal and State Criminal law violations. This information will, but not be limited to allegation and convictions committed upon minors, and will be gathered from any law enforcement agency of this State or any other State or Federal Government to extent permitted my the State and Federal law.

I hereby authorize COURAGEOUS KIDZ to perform a check on my driver's license should I be required or desire to drive any vehicles belonging to them or rented by them while supplies are being delivered for activities for COURAGEOUS KIDZ.

I also authorize all persons, public agencies, courts, schools, employer companies and corporations to supply verification of the information provided in my application as well as evaluation of my prior performances, and I release them form all liability from their doing so.

The above statements are true and complete to the best of my knowledge. Any falsification, misrepresentation, or incompleteness in this disclosure is alone grounds for disqualification and dismissal. The information that I have provided may be verified, if necessary, by contacting persons or organizations named in this application.

Please sign your name if you agree to the above conditions:

Name: \_\_\_\_\_ Date: \_\_/\_\_/\_\_\_\_\_

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

## **ALCOHOL CONSUMPTION POLICY AT COURAGEOUS KIDZ EVENTS**

There will be no alcohol at any of our events. Our events are for the CHILDREN, not the adults. In addition, our insurance policy specifically disclaims all coverage at events where alcohol is present, served or consumed.

Anyone who does not respect this policy will be asked to leave the event immediately, and will no longer be asked to participate in any Courageous Kids activities. We have worked too long and too hard to build this wonderful organization that does so much good for so many kids and families to have it destroyed by any of our staff, volunteers or even parents or guests who put their personal needs or desires before those of the kids and families we serve.

Please sign your name if you agree to the above conditions.

\_\_\_\_\_ / \_\_\_\_\_  
Name

DATE

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

## CRIMINAL BACKGROUND SEARCH

I, \_\_\_\_\_ date of birth: \_\_/\_\_/\_\_\_\_  
(Print full name)

and whose Social Security Number is \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ do herewith consent to and authorize either the U.S. Federal Bureau of Investigation (FBI) or other law enforcement agencies to release any and all results of a criminal background and/or fingerprint search of the Criminal Justice Information Services Division's files to, and/or SLED to release to COURAGEOUS KIDZ and its legal counsel:

The Authorization for Release of Information shall apply to any results generated under my maiden, alias or aliases used by me, or any other name utilized by me at any time. Please list names

here: \_\_\_\_\_

By signing and affixing my seal below, I declare under penalty of perjury enforceable under the laws and statutes of the United States of America or any jurisdiction therein, that the within and the foregoing information, together with any documentation or information submitted herewith is true, complete and correct. That I am the person named and identified above, and I understand that the provision by me of any statement or information, that is false, fictitious or intended to conceal, is punishable under, among others, the 18 U.S.C. & 1001 by a fine of not more than \$10,000 or by imprisonment of not more than five years, or both and that requesting or obtaining records under false pretenses is punishable under the provisions of 5 U.S.C. & 522A(i)(3) by a fine of not more than \$5000.00.

\_\_\_\_\_/\_\_\_\_\_  
(Your Signature) (Date Signed)

Home Address: \_\_\_\_\_  
\_\_\_\_\_

# **COURAGEOUS KIDZ**

## **VOLUNTEER MEDICAL FORM**

Please note that this form shall remain valid throughout the current year unless otherwise indicated by the individual.

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

Birth Date: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_

Address: \_\_\_\_\_

City: State: Zip: \_\_\_\_\_

Home Phone ( ) - \_\_\_\_\_ Cell Phone ( ) - \_\_\_\_\_

**EMERGENCY CONTACT INFORMATION**

Contact Name \_\_\_\_\_ Relationship: \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone ( ) - \_\_\_\_\_ Cell Phone ( ) - \_\_\_\_\_

**Health History (check all that apply)**

For all conditions checked, please give date of diagnosis and current management below, if appropriate. Use back of sheet if needed.

**ALLERGIES DISEASES**

- (A) Frequent Ear Infections
- (B) Heart Defect/Disease
- (C) Convulsions/Seizures
- (D) Diabetes
- (E) Bleeding/Clotting Disorders
- (F) High Blood Pressure
- (G) Lung Disease
- (H) Asthma
- (I) Kidney Disease
- (J) Visual Impairment
- (K) Hearing Impairment
- (L) Cancer
- (M) Hay Fever
- (N) Insect Stings
- (O) Penicillin
- (P) Other Drugs
- (Q) Chicken Pox
- (R) Shingles
- (S) Measles
- (T) German Measles

LETTER REFERENCED	DATE OF DIAGNOSIS	LETTER REFERENCED	DATE OF DIAGNOSIS
_____	_____/_____/_____	_____	_____/_____/_____
_____	_____/_____/_____	_____	_____/_____/_____
_____	_____/_____/_____	_____	_____/_____/_____
_____	_____/_____/_____	_____	_____/_____/_____





**\*VOLUNTEER**

**NON-PRESCRIPTION OVER-THE-COUNTER ADMINISTRATION**

I, \_\_\_\_\_ give permission to Courageous Kidz, including but limited to medical  
(Your Name)

personnel associated with or volunteering for Courageous Kidz, employees of Courageous Kidz and other volunteers associated with Courageous Kidz, to dispense non-prescription over-the-counter medicines such as Tylenol, Advil, Aspirin, Ibuprofen, Benadryl and any other non-prescription over-the-counter drugs except those specifically prohibited below

I, \_\_\_\_\_ confirm that I am not allergic to a non-prescription over-the-counter  
(Your Name)

medicines or drugs except those specifically identified below.

Non-Prescription over-the-counter allergies \_\_\_\_\_

Non-Prescription over-the-counter drugs that MAY NOT be administered to me

\_\_\_\_\_  
(Names of drugs)

Name: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

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

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

**COURAGEOUS KIDZ**  
**PHOTOGRAPHIC CONSENT RELEASE**  
**~ VOLUNTEER ~**

I hereby grant to COURAGEOUS KIDZ, Inc. and those acting under its permission or upon its authority, the irrevocable and unrestricted right to use and publish photographs, reproductions or likenesses of me for use in publications referencing or related to COURAGEOUS KIDZ, Inc.

In addition, I grant my permission to alter the same, without restriction and to copyright the same.

By signing this Photographic release and waiver of Intellectual Property and other Usage Rights below, I intend to be legally bound in acknowledging that COURAGEOUS KIDZ, Inc. has the right to use photographs or other images of me that have been taken in public places, activities and events facilitated by Courageous Kidz, Inc. These likenesses are permitted for use in various promotional materials, including, but not limited to: videotapes, pamphlets and brochures. I grant this release for an unlimited amount of time, with no expiration of rights to said materials.

I further acknowledge that COURAGEOUS KIDZ, Inc. shall have all intellectual property rights including ownership of any and all copyrights in and to such photographs and videotapes, and may utilize such rights fully. I release and waive all rights and interests in and to such materials.

Volunteer Signature \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Print Name and Address: \_\_\_\_\_

\_\_\_\_\_

Telephone Number: \_\_\_\_\_

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

**COURAGEOUS KIDZ, INC.**  
**RELEASE OF LIABILITY**  
**~~VOLUNTEER~~**

By signing this release waiver, I, \_\_\_\_\_ intend to be legally bound hereby for myself to attend and participate in all activities sponsored by COURAGEOUS KIDZ Inc., their Director or employees. I hereby release and forever discharge COURAGEOUS KIDZ Inc. and any of its Officers, Directors, Employees and Agents from and against any and all damages of any kind whatsoever arising out of any injury, illness, infirmity, disease, or loss of any kind, personal or property to my person in my participation in any and all COURAGEOUS KIDZ activities. I am a willing Volunteer in the events I attend through COURAGEOUS KIDZ, Inc.

I recognize that certain hazards and dangers are inherent in such group activities and programs and I acknowledge COURAGEOUS KIDZ cannot ensure or guarantee that the participants, equipment premises and/or activities will be free of hazards, accidents and/or injuries. I, further, understand and agree to abide by the rules, regulations and procedures of COURAGEOUS KIDZ Inc. and to defend, indemnify and hold COURAGEOUS KIDZ, and its Officers, Director,, Employees, Volunteers, and agents harmless from and against any and all damages, costs, claims, demands, actions or causes of actions sustained by any other person as a result of my participation with COURAGEOUS KIDZ, Inc., whether caused in whole or in part by the negligence of COURAGEOUS KIDZ, Inc. its Officers, Director, Employees, volunteers or agents. This provision, however, shall not operate to require indemnification for and gross negligence or willful misconduct of COURAGEOUS KIDZ, Inc. Further, I attest that I and/or my health Insurance will cover any medical and hospital expense that I incur and that I have received approval from my Doctor authorizing me to participate in at least some of the activities provided by COURAGEOUS KIDZ Inc. I further agree to inform the COURAGEOUS KIDZ Director of any activities in which I cannot participate at each given event.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_