

I wish to be a **KIDSPREE** Volunteer. I understand that as a part of the **KIDSPREE** program, I need to have a criminal background check as a safety measure for the children and myself. I understand that the information I give for this records check will be kept secure. It will be viewed by only two members of the **KIDSPREE** Steering Committee, who will be processing and evaluating the information and will be shredded after the event. I also understand that the American Association of University Women, the Medford and Ashland Soroptimist clubs, the KidSpree organizing committee, and JC Penney are not liable for any occurrence resulting from my participation in this event.

PLEASE PRINT THE FOLLOWING INFORMATION: ** REQUIRED INFORMATION**

**NAME:			GENDER: M F
(LAST)	(FIRST)	(MIDDLE)	(CIRCLE)
OTHER NAMES USED: (SUCH AS MAIDEN OR OTHER MARRIED)			
DATE OF BIRTH:	E OF BIRTH:SOCIAL SECURITY NUMBER:		
PHONE NUMBER:	EMAI	L:	
MAILING ADDRESS:			
**PHYSICAL ADDRESS:			
(IF DIFFERENT THAN MAILING ADDRESS)			
BEST WAY OF COMMUNICATIO	N: EMAIL:	REGULAR M	IAIL:
CHECK IF APPLICABLE:			
WHAT ORGANIZATION R	EFERRED YOU	?	
PAYMENT IS ENCLOSED FOR MAKE PAYABLE TO "KIDSPREE" (a voluntary fee to help offset the cost of the background check)			
I NO LONGER WISH TO BE A VOLUNTEER FOR KIDSPREE, PLEASE DO NOT CONTACT ME ANYMORE. (PLEASE LET US KNOW WHY YOU DO NOT WANT TO VOLUNTEER.)			

MAIL TO: SOUTHERN OREGON KIDSPREE, PO BOX 1087 MEDFORD, OR 97501

OFFICE USE ONLY: PAID: _____AMOUNT: _____CRIM CHECK VERIFIED: ___

PO BOX 1087 MEDFORD, OREGON 97501

TAX ID #93-4889769