

# YES! I can Volunteer for Get Kidz Fit

**Saturday, April 24, 2010**

**Centennial Building in Fair Park – Dallas, Texas**

Name: \_\_\_\_\_ Age: 18 or older    Yes    No

Organization/ Agency: \_\_\_\_\_

Full Mailing Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

E-mail address: \_\_\_\_\_

Bi-lingual: YES    NO    If yes, what languages can you speak? \_\_\_\_\_

T-shirt size: \_\_\_\_\_ Small    \_\_\_\_\_ Medium    \_\_\_\_\_ Large    \_\_\_\_\_ X-Large    \_\_\_\_\_ 2X    \_\_\_\_\_ 3X

I am interested in volunteering in the following areas (please check all that apply):

- \_\_\_\_\_ Registration/Greeter (pass out safety wrist bands and t-shirt coupons at entrance)
- \_\_\_\_\_ Fit Stops (assist with crowds and encourage participation in Fit Stops and TXU Energy Walk)
- \_\_\_\_\_ Food Prep (assist at food stages, prepare and pass out food samples)
- \_\_\_\_\_ Stages (assist with crowds, A/V and encourage participation at stages)
- \_\_\_\_\_ Survey Collector (pass out and gather surveys at exit)
- \_\_\_\_\_ Vendor/Participant Support (assist in support areas for volunteers and participants)
- \_\_\_\_\_ Event wrap-up (assist with tear down and clean up after the event; from 4-5 p.m. only)

**Background Check:** Please complete and attach the VeriFYI background verification release form with this volunteer form or have your employer provide the attached letter of verification. **These forms may be faxed to Marilyn, Community Council of Greater Dallas, 214-871-7442, or mailed to CCGD, Attn: M. Self, 1349 Empire Central, Suite 400, Dallas, TX 75247.**

**DO NOT EMAIL.**

**For additional information please call Marilyn at 214-954-4212 or 214-871-5065 Ext. 212.**

## PLEASE READ BEFORE SUBMITTING FORM

All volunteers MUST check in at the volunteer table by 11:00 a.m. Please do not be late! Volunteers must be at least 18 years of age and have successfully completed the background check process described above. (The event will go from 1:00-4:00 p.m. Please plan to stay for the entire event). Following check-in, all volunteers attend a MANDATORY training. At the training, all safety and emergency procedures will be reviewed; you will receive a Get Kidz Fit volunteer t-shirt, meet your area lead and receive instructions for your assigned volunteer area. A parking pass, directions and an event overview will be emailed to you by April 12th. If you do not provide an email address, the packet will be mailed. Carpooling to the event is encouraged. PLEASE wear comfortable shoes and clothes and leave valuables at home. Please alert Get Kidz Fit staff if you have a medical condition that prohibits you from standing for long periods of time.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

## EMPLOYER LETTER OF VERIFICATION

[On Letterhead of Employer with Address & Telephone Number]

Date

Community Council of Greater Dallas  
Attn: Marilyn Self (Fax 214-871-7442)  
1349 Empire Central, Suite 400  
Dallas, TX 75247

Dear Marilyn,

The following employees of [Employer] will be participating in the 2010 Get Kidz Fit at Fair Park on April 24, 2010:

[Names of Employees]

The individuals will be working in the employ of [Employer] during Get Kidz Fit and are covered by our abuse and molestation insurance.

Our organization performs criminal background checks on its employees. Employees receive orientation and training on our organization's child abuse and sexual abuse prevention policies.

Sincerely,

[Representative of Employer]

[Title]



## Background Verification Release Form

### AGENCY INFORMATION

Date	Agency Name Community Council of Greater Dallas		
Contact Name [for Get Kidz Fit]			
Agency's Main Phone Number 214-871-5065		Agency's Fax Number 214-871-7442	

### APPLICANT INFORMATION:

Applicant Full Name (Last, First, MI)		Maiden or Other Name(s) Used		
Current Address				
City		State	Zip Code	County
Social Security Number	Date of Birth	Driver's License Number		State Issued
Position Applied For				
<b>Gender</b> <input type="checkbox"/> Male <input type="checkbox"/> Female		<b>Race</b> <input type="checkbox"/> African American <input type="checkbox"/> American Indian <input type="checkbox"/> Anglo <input type="checkbox"/> Asian <input type="checkbox"/> Hispanic <input type="checkbox"/> Other		

I hereby authorize VERIFYI and or its Service Provider to request and receive any and all background information about or concerning me, including but not limited to my Criminal History, Social Security Number Trace including a consumer report under the Fair Credit Reporting Act, 15 U.S.C 1681, Driving Record, Employment History, Military Background, Civil Listings, Educational Background, Professional License from any Individual, Corporation, Partnership, Law Enforcement Agency, and other entities including my Present and Past Employers.

The criminal history, as received from the reporting agencies, may include arrest and conviction data as well as plea bargains and deferred adjudications and delinquent conduct as committed as a juvenile. I understand that this information will be used, in part, to determine my eligibility for an employment/volunteer position with this organization. I also understand that as long as I remain an employee or volunteer here, the criminal history check may be repeated at any time. I understand that I will have an opportunity to review the criminal history as received by client/agency and a procedure is available for clarification, if I dispute the record as received. I also understand that the criminal history could contain information presumed to be expunged.

I further release and discharge VERIFYI and their Service Provider and all of their Subsidiaries, Affiliates, Officers, Employees, Contract Personnel, or Associates, from any and all claims and liability arising out of any request for information or records pursuant to this authorization, procurement of an investigative consumer report and understand that it may contain information about my character, general reputation, personal characteristics, and mode of living, whichever are applicable.

I understand that I have the right to make written request within a reasonable period of time to VERIFYI for additional information concerning the nature and scope of the investigation. I acknowledge that I have voluntarily provided the above information for employment/volunteer purposes, and I have carefully read and understand this authorization.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant's Printed Name

\_\_\_\_\_  
Parent/Guardian's Signature  
(if under 18 years of age)