



VOLUNTEER APPLICATION

To Be Completed By All Volunteers Who Have Regular Access To Or Repeated Contact With Youth

Personal Information

A copy of a valid government issued photo ID must be attached to complete this application.

Date of Completion of This Form: ____/____/____

Your Full Legal Name: _____

Date of Birth: ____/____/____

Other Names (maiden, alias, etc.): _____

Male or Female: _____ Social Security Number: ____-____-____

Driver's License Number: _____ Driver's License State: _____ Expires: ____/____/____

Home Phone Number: (____) ____-____ Work Phone Number: (____) ____-____ Cell: (____) ____-

Home Address: List all for the past 7 years

Present (include dates): _____

Previous (include dates): _____

Previous (include dates): _____

(attach a separate sheet if additional space is needed)

Qualifications:

What position are you applying for?: _____

Have you ever been convicted of a crime? (if yes, explain) _____

Have you ever been refused participation in any other youth program? (if yes, explain) _____

Do you have children in the program? _____

Why do you want to be a volunteer? _____

Personal Character References: DO NOT INCLUDE FAMILY MEMBERS

Name	Phone Number	Best time to Call	Relationship	Date Called
1.				
2.				
3.				

Acknowledgement Of Training

I acknowledge that on _____ (date) I was given a copy of the organization's Child Abuse Prevention Policy and that I have carefully reviewed it and voluntarily agree that as a condition of future participation, employment, or involvement in this organization, I will abide by all the terms, conditions, policies, and procedures contained within this program.

If I violate the policies, regulations, or spirit of this program, I will indemnify and hold harmless the organization, its employees, board members, volunteers, and officials from any and all liability including negligence and any intentional tort claims.

Signature _____ Date: ____/____/____

Consent/Release

Please initial each of the following:

__ I authorize and give consent for the organization and/or its agents to obtain my personal information.

This includes, but is not limited to employment records/employer's references; criminal background records/information; criminal background checks/fingerprints; driving record check, personal references, and addresses.

__ I authorize this information to be obtained either in writing, via internet, or via telephone in connection with my volunteer application.

__ I agree to hold harmless and indemnify from liability the organization and its directors, officers, employees, and volunteers from all liability arising out of the use of the information that is uncovered in the above referenced checks.

__ I allow MyPower, Inc. to utilize my name and photographic images of me. These may be used in promotions or other related marketing materials.

Volunteers currently employed by the Hobbs Municipal Schools, or any other organization requiring a background check do not have to submit to further checks. Only employment and current participation in background investigations will be verified

By Signing below, I attest to the truthfulness of all information listed on this application and agree to all the above terms and conditions.

Signature: _____ Date: ____/____/____

For Organization Use Only

Background checks completed by _____ (name) on ____/____/____ (date)

Sources Checked:

Clear

Not Clear (keep this form and the record check on file for 15 years if not clear)

Only attach to this copy the records of background checks that are not clear.