

## Catskill Community Center Volunteer Application 2009

Do not use forms from last year. Use extra paper to complete if additional space is required

**A COPY OF VALID GOVERNMENT ISSUED PHOTO IDENTIFICATION MUST BE ATTACHED TO COMPLETE THIS APPLICATION.**

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

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

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

Home phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Occupation: \_\_\_\_\_

Social Security (optional; mandatory upon request): \_\_\_\_\_

Employer: \_\_\_\_\_

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

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

Special professional training, skills, hobbies: \_\_\_\_\_

\_\_\_\_\_

Community Affiliations (Clubs, Service Organizations, etc.): \_\_\_\_\_

\_\_\_\_\_

Previous volunteer experience: \_\_\_\_\_

Do you have children who attend the Catskill Community Center?  Yes  No

If Yes, list full name and programs: \_\_\_\_\_

\_\_\_\_\_

Special Certification (ie: CPR, Medical, etc.): \_\_\_\_\_

Do you have a valid driver's license?  Yes  No

Driver's License # \_\_\_\_\_ State \_\_\_\_\_

Have you ever been convicted of or plead guilty to any crime(s)?  Yes  No

If Yes, please describe each in full: \_\_\_\_\_

\_\_\_\_\_

Have you ever been refused participation in any other youth programs? \_\_\_Yes \_\_\_No  
If Yes, please explain:\_\_\_\_\_

Please list three (3) references, at least one of which has knowledge of your participation as a volunteer in a youth program:

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

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

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

As a condition of volunteering, I give permission for the Catskill Community Center to conduct a background check on me, which may include a review of sex offender registries, child abuse and criminal history records. I understand that, if appointed, my position is conditional upon the Catskill Community Center receiving no inappropriate information on my background. I hereby release and agree to hold harmless from liability the Catskill Community Center, the officers, employees and volunteers thereof, or any other person or organization that may provide such information. I also understand that, regardless of previous appointments, the Catskill Community Center is not obligated to appoint me to a volunteer position. If appointed, I understand that, prior to the expiration of my term, I am subject to suspension by the Director and removal by the Board of Directors for violation of Catskill Community Center's policies and/or principles.

Applicant Signature:\_\_\_\_\_ Date:\_\_\_\_\_

Applicant Name (please print or type):\_\_\_\_\_

*NOTE: The Catskill Community Center will not discriminate against any person on the basis of race, creed, color, national origin, marital status, gender, sexual orientation or disability.*

Catskill Community Center Use Only:

Background check completed by:\_\_\_\_\_ on \_\_\_\_\_.

System(s) used for background check (minimum of one must be checked):

Sex Offender Registry\_\_\_\_\_ Criminal History Record\_\_\_\_\_

\*Choicepoint\_\_\_\_\_

*\*Please be advised that if you use Choicepoint and there is a name match in the few states where only name match searches can be performed you should notify volunteers that they will receive a letter directly from Choicepoint in compliance with the Fair Credit Reporting Act containing information regarding all the criminal records associated with the name, which may not necessarily be the league volunteer.*

*\*\*If the individual who is volunteering is under that age of 18 this agreement MUST be signed by a parent or legal guardian. The parent or legal guardian must also provide us with a contact number in the event of an emergency.*

Signature of parent or guardian:\_\_\_\_\_ Phone:\_\_\_\_\_

Name of parent or guardian (please print or type):\_\_\_\_\_ Date:\_\_\_\_\_