

Catskill Community Center Volunteer Application

Even if you have previously filled out form in the past please use this new form.
Use extra paper to complete if additional space is needed.

A copy of valid government issued photo identification must be attached to complete this application

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.

Name: _____ D.O.B. _____ Today's Date _____

Street Address: _____ City/State/Zip _____

Home phone: () _____ Cell: () _____ Work: () _____

Social Security: (optional; mandatory upon request) _____

Occupation: _____ Employer: _____

Street Address: _____ City/State/Zip _____

Do you have a valid driver's license? Yes__ No__ Driver's License #and State _____

Area of interest for volunteering at the Catskill Community Center _____

Special professional training, skill, hobbies _____

Community affiliations (Clubs, Service Organizations, etc.) _____

Previous volunteer experience _____

Special Certifications (ie: CPR, Medical, etc.) _____

Do you have children/grandchildren who attend the Catskill Community Center? Yes__ No__

If yes, list full name and program(s) _____

Have you ever been refused participation in any other youth program(s)? Yes_____ No_____

If yes, please explain_____

Please list three (3) references, at least on 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 the 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 appointment the Catskill Community Center is not obligated to appoint me to 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 principals.

Applicant Signature_____ Applicant name (please print)_____

**If the applicant is under the age of 18 this agreement MUST be signed by a parent or legal guardian. The parent and/or legal guardian must also provide us with a contact number in case of emergency*

Signature of Parent/guardian_____ Name of parent/guardian_____

Have you ever been convicted of or plead guilty to any crime(s)? Yes_____ No_____

If yes, please describe each in full_____

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 tat 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 the 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 legal volunteer.*