



Volunteer Application Form

Date: _____

Name (Title, First, MI, Last): _____

Maiden Name and/or Aliases: _____

Address 1 – Street Address: _____

Address 2 – P.O. Box: _____

City, State, Zip Code: _____

Home Phone: (_____) _____ - _____ Cell Phone: (_____) _____ - _____

Email #1 (Home): _____

Occupation: _____ Employer Name: _____

Employer Address: _____

Male/Female: _____ Birth Date: ___/___/____ Age: _____

SS#: _____ - _____ - _____ Place of Birth: _____

Special interests, hobbies, and/or things you enjoy: _____

Have you ever been charged, convicted of, or pled guilty to a crime, either a misdemeanor, or a felony (including but not limited to drug-related charges, child abuse, and other crimes of violence, theft, or motor vehicle violations)? **Please circle one: YES/NO.** If yes, please explain fully on an attached sheet.

Have you ever been charged with, convicted of, or pled guilty or no contest to a crime against children or other persons? **Please circle one: YES/NO.** If yes, please explain fully on an attached sheet.

Have you ever committed any act of child abuse or sexual misconduct against a minor? **Please circle one: YES/NO.**

Have you ever been exposed to an incident of child abuse or neglect? **Please circle one: YES/NO**

How long have you lived at the above address? _____

If less than one year, provide all previous addresses: _____

List all previous work involving children/youth: _____

List any gifts, callings, trainings, education, or other factors that have prepared you volunteering at the center: _____

References:

Please list three persons who have known you for at least three years and who are familiar with your character. All three references must be from a different source (personal, work, church, relative, etc.) and only one of references may be a relative (but may not be mother, father, or spouse).

Name: _____ Address: _____

Daytime Phone: (_____) _____ - _____

How long have you known reference? _____

How do you know reference? _____

Name: _____ Address: _____

Daytime Phone: (_____) _____ - _____

How long have you known reference? _____

How do you know reference? _____

Name: _____ Address: _____

Daytime Phone: (_____) _____ - _____

How long have you known reference? _____

How do you know reference? _____

Emergency Contact Information:

Name: _____ Relationship: _____

Home Phone: _____ Work Phone: _____

The information contained in this Volunteer Application Form is correct and complete to the best of my knowledge and I hereby authorize The Leipsic Community Center and its designated agents and representatives to conduct a comprehensive review of my background as it deems necessary. I further authorize any individual, company, firm, corporation, or public agency including the Social Security Administration and law enforcement agencies to divulge any and all information, verbal or written, pertaining to me, (including opinions) to The Leipsic Community Center or its agents. I further authorize the complete release of any records or data pertaining to me which the individual, company, firm, corporation, or public agency may have, to include information or data received from other sources. The Leipsic Community Center and its designated agents and representatives shall maintain all information received from this authorization in a confidential manner in order to protect the applicant's personal information, including, but not limited to, addresses, social security numbers, and date of birth.

Signature: _____ Date: _____