



**CONFIDENTIAL**

## Volunteer Application Form

And consent for criminal background history check authorization/waiver (for volunteers and employees)

To be completed by all program volunteers and staff members 18 and over.

Please print:

1. APPLICANT'S FULL, LEGAL NAME

2. COUNTY

3. ADDRESS

4. CITY

ZIP

5. SOCIAL SECURITY NUMBER

6. DATE OF BIRTH

7. DRIVER'S LICENSE NUMBER (optional)

8. GENDER (circle one) Male / Female

9. Are you of Hispanic ethnicity? Yes / No

10. VOLUNTEER PROGRAM AREA

RACE (circle one) White / Black / Asian / American Indian

Alaskan Native / Native Hawaiian / Pacific Islander

### Previously Screened

11. I verify that I have been previously screened including a criminal background check and PASSED.  Yes  No

If yes, by who? \_\_\_\_\_

When (Year): \_\_\_\_\_

For what purpose? \_\_\_\_\_

Did you pass? If not, what restrictions were imposed? \_\_\_\_\_

If you have been screened and passed a criminal background check, a letter/proof must be submitted.

### Please sign at the bottom of the form.

12. I hereby authorize Specialized Needs Recreation 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, 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. I authorize Specialized Needs Recreation or any of its components to make reference checks relating to my volunteer service. I understand that this information will be used to determine my eligibility as a volunteer/employee with Specialized Needs Recreation.

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 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 Specialized Needs Recreation 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 and/or 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 Specialized Needs Recreation 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.

13. Date

14. Applicant's Signature

# Volunteer Application Form Instructions

1. Applicant's Printed Name – Complete with first name, middle name and last name.
2. County – Complete with the county name in which you are applying to be a volunteer.
- 3/4. Address – Complete with your current mailing address, city and zip code.
5. Social Security Number – Complete.
6. Date of Birth – Complete with the month, day and year of birth.
7. Driver's License Number – Complete with current driver's license number and state. Although optional, this helps affirm your identity during a background check.
8. Gender – Complete by circling one of the options.
9. Race – Complete the race and ethnicity section by circling the answers that apply. This field is optional; however, it is very important in confirming accurate identity.
10. Volunteer Program Area – Complete with the program area you are volunteering for (e.g. All areas, camp, etc).
11. Previously Screened – SNR will accept prior screenings conducted within the past three years from other entities. The approved list of prior screenings either as an employee or volunteer include: school districts, churches, youth groups/associations (Little League, sports associations, etc.), youth agencies/organizations (Big Brother/Big Sister, Boy Scouts, Girl Scouts, after school/extended care programs), law enforcement (county, state or federal/prison system), Department of Defense – Child and Youth Services, Department of Defense – Family Programs, concealed handgun license; and/or licensed childcare workers.  
*\* The minimum requirement is a criminal background check conducted through DPS or a National Criminal Search entity.\**  
*\*\* Other sources may be considered based on documentation provided with screening criteria and specifics.\*\**  
*\*\*\* Documentation is required for screenings from other entities. This could include a letter of acceptance from the employer or volunteer group, or a letter written from the screening entity to Specialized Needs Recreation stating you have been screened and tested.*
12. Authorization Statement
13. Date Completed
14. Applicant's Signature