

Victor Valley Family Resource Center

Volunteer Application Form

This form is to be completed, signed and returned to the Human Resources Manager/Child Protection Compliance Officer at the location which you are to provide volunteer services. A copy of this completed form will be retained in a file on site. The original will be sent to the Corporation Office .

Last Name	First	Middle	Last 4 Digits of SSN	Date
Present Street Address	City	State	Zip	Daytime Phone
				Evening Phone
Permanent Address (If different from present address)				Cell Phone No.
				E-mail Address
Have you ever volunteered for a Non Profit Agency? <input type="checkbox"/> Yes <input type="checkbox"/> No			Are you 18 years of age or older?	
If yes, give details: _____			<input type="checkbox"/> Yes <input type="checkbox"/> No	

I am interested in volunteering for Office/Clerical Street Team Activities
 Interested in volunteering for Education Life Skills Fundraising other _____
 I am available mornings afternoons evenings weekdays weekends Date available: _____

VOLUNTEER ACTIVITIES
 Please list all present and former volunteer activities beginning with your present or most recent position first. Use additional pages if needed. Include all other names worked under if different than the name you used on this form.

Company/Organization Name	Phone	From	To
Address		City, State Zip	
Duties/Responsibilities			
Company/Organization Name	Phone	From	To
Address		City, State Zip	
Duties/Responsibilities			
Company/Organization Name	Phone	From	To
Address		City, State Zip	
Duties/Responsibilities			

REFERENCES
 Please provide 2 personal/professional references. If you have resided in this area for less than 2 years please provide at least one reference from your previous area of residence.

Name	City, State		
Phone	Relationship Years	Known	
Name	City, State		
Phone	Relationship Years	Known	

IMPORTANT - PLEASE READ THIS

YOU MUST complete questions I, II, III & IV only if the volunteer position(s) for which you are applying for will involve significant contact with children or other vulnerable individuals, i.e. elderly, mentally or emotionally handicapped, etc. Such positions include but are not limited to coaching, school volunteer, counseling, and maintenance.

I. Has a civil or a criminal complaint ever been filed against you that alleged sexual misconduct or child abuse by you or your participation in or facilitation of such activities (including internal complaints given to management or supervisors at places of employment)? Yes No If yes, please explain below and attach a separate sheet if additional space is necessary. Please provide the date, nature, and place of the incident leading to the complaint; where the complaint was filed; disposition of the complaint; and identify by name and title the person(s) who investigated the complaint.

II. Do you presently serve, or have you ever served, as a volunteer for any organization, entity or group in which you had significant contact with children or other vulnerable populations (e.g. elderly, mentally or emotionally handicapped, etc.)? Yes No If yes, please provide the name, address, and phone number of the organization, period of volunteer service, supervisor's name; and briefly describe your activities and/or duties. Attach a separate sheet if additional space is necessary.

III. Have you ever chosen not to renew or continue any employment or volunteer service, had your employment or volunteer service terminated, or been subject to any disciplinary action, for reasons relating to allegations of sexual misconduct or child abuse by you? Yes No If yes, please explain below and attach a separate sheet if additional space is necessary. Please include in your explanation the date, nature, and place of the occurrence(s) or allegations(s) and the disposition of the matter(s). Also, identify your employer and supervisor at the time by name, address and telephone number.

IV. Have you ever been convicted of a crime (felony or misdemeanor) other than a minor traffic violation?

Yes No If yes, please explain below and attach a separate sheet if additional space is necessary. Please include in your explanation the date and place of any conviction, and the crime for which you were convicted.

IMPORTANT --- Please read and sign below

The information provided on this form is true, correct and complete. If accepted as a volunteer, any misstatement or omission of fact on this form may result in termination of my services. I grant permission to check my background and references and release the Victor Valley Family Resource Center locations from any and all resultant liability. I further understand that all persons who will have significant contact with children are required to undergo a state and federal criminal background check before working with children. Other volunteer positions that may require undergoing this clearance process may include, but are not limited to, payroll, bookkeeping, accounting, and maintenance.

This section is to be completed by Pastor, Principal or Agency Director only.

The necessity of passing a state and federal criminal background check for positions involving significant contact with children or other vulnerable persons while providing volunteer services has been explained to this applicant. Acceptance of volunteer services is contingent upon the applicant successfully completing the state & federal criminal background check. References will be checked before accepting an applicant's volunteer services. Signed applications are to be returned to the Child Protection Compliance Coordinator at your parish, school or agency for forwarding to the Director of Human Resources.

Authorized Signature

Date

Name of Personnel Receiving Application

Telephone number