

United Community Centers, Inc

Volunteer Application

(All volunteers who have direct contact with youth during program activities must submit this application and sign the Background Screening Acknowledgement section)

A COPY OF A VALID GOVERNMENT ISSUED ID MUST BE ATTACHED

Volunteer Information

Full Legal Name _____ Date of Birth __/__/__

Previous (or Maiden) Name _____

Current Address _____

City _____ State _____ Zip Code _____

County _____ Home Phone(____) _____ Alternate Phone(____) _____

First Aid Training: Yes No

CPR Training: Yes No

Other Certifications: _____

How would you describe yourself as a youth mentor? What is your mentoring philosophy?

Are you willing to take direction from the Volunteer Coordinator and Dream Center Management? YES NO

Are you willing to enforce and promote the Dream Centers' mission of Building Dreams and Changing Lives? Yes No

United Community Centers, Inc

Volunteer Application

All volunteers or employees whose position requires routine access to children must be screened by United Community Centers, Inc. Your signature on this application signifies that you agree to allow United Community Centers, Inc or an assigned agency to perform a criminal background screening. This screening will include a review of sex offender registries, child abuse and criminal history records. I hereby release and hold harmless from liability United Community Centers, Inc, the officers, employees, agents, volunteers thereof, and any other person or organization that may provide such information in accordance with the laws of the United States. I further understand that previous acceptance as a United Community Centers, Inc. Youth Coach/ Volunteer does not obligate United Community Centers, Inc to accept my current application.

I. I have NOT been convicted (including crimes the record of which has been expunged or pleas of “no contest”), disciplined, or discharged from employment for committing or attempting to commit crimes in the area of:

- Child Abuse
- Murder
- Kidnapping
- Neglect of a child
- Child pornography
- Sexual abuse of a minor
- Manslaughter
- Arson
- Abuse causing a child’s death
- Child exploitation
- Physical abuse
- Felony assault
- Criminal sexual conduct
- Prostitution related crimes
- Controlled substance crime
- Juvenile prostituting or pimping

II. I have NOT been convicted of any offenses in any other state or against the laws of the United States which if committed or attempted in this state would have been punishable as one or more of the forgoing enumerated offenses.

III. I have NOT been adjudged liable for civil penalties or damages involving sexual or physical abuse of children.

IV. I have NOT been subjected to any court order involving any sexual abuse or physical abuse of a minor, including but not limited to domestic order for protection.

V. I have NOT ever had my parental rights terminated

VI. I understand that I have an ongoing obligation as a volunteer of this organization to promptly report any conviction in those areas described above. (If you have committed or attempted to commit any of these crimes, please explain the circumstances related to the situation on a separate sheet of paper.)

By signing the application you are designating that all of the above statements are true and correct.

Signed: _____ Date: _____