

# Positive Growth, Inc.

## Volunteer Application Form

*This form is to be completed signed and returned to volunteer coordinator at Positive Growth, Inc. at location which you are to provide a Volunteer service. A copy of this completed form will be retained in a file on site.*

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 Positive Growth, Inc.?: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, give details:				Are you 18 years of age or older? <input type="checkbox"/> Yes <input type="checkbox"/>

I am interested in **VOLUNTEERING** at:     Residential Group Home:     Counseling Center     Education Center

I am interested in volunteering in the area of:  Education     Mentoring     Administrative     Maintenance     Grounds     Fundraising

I am available in:     morning     afternoon     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.

Agency/Company/Organization Name	Phone	From    To
Address	City, State Zip	
Duties/Responsibilities		
Agency/Company/Organization Name	Phone	From    To
Address	City, State Zip	
Duties/Responsibilities		
Agency/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 catechist, coaching, school volunteer, scout leader, youth minister, counseling, and maintenance.

I. Has 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 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.

Print Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**This section is to be completed by Coordinator and/or 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 Volunteer Coordinator and/or Designate Person (s) at selected location.

Authorized Signature

Date

Location within Agency

Telephone number