



2019 - 2020 CYP VOLUNTEER APPLICATION

APPLICANT INFORMATION

Date: _____

Full Legal Name: _____ Gender (optional): _____
First Middle Last

Address: _____
Street City State Zip

Telephone: _____ Email: _____

In case of emergency notify: _____
Name Relation Telephone Number

Name of nearest relative: _____
Name Relation Telephone Number

AVAILABILITY

Volunteer Position Considering (check all that apply):

- Tutoring
- Office tasks/Mailings
- Driver
- Grant Writing
- Field Trip Assistant
- Program preparation
- Special Events
- Other

I'm interested in being a volunteer:

- Summer 2020 (June-Aug)
- Fall 2019 (Sept-Dec)
- Spring 2020 (Jan-May)

Tutoring and Volunteering

CYP Tutors assist students with their homework Monday-Thursday at the church. CYP volunteers assist with pre-planned program activities, games and field trips during program hours. CYP volunteers are also able to come in before students arrive to help with office tasks, mailings, etc.

Availability: (circle all that apply)

	<u>Office Tasks</u>	<u>Tutoring</u>	<u>Program</u>
Monday:	10:00am-2:00pm	4:15-5:00pm	2:30-6:00pm
Tuesday:	10:00am-2:00pm	4:15-5:00pm	2:30-6:00pm
Wednesday:	10:00am-2:00pm	4:15-5:00pm	2:30-6:00pm
Thursday:	10:00am-2:00pm	4:15-5:00pm	2:30-6:00pm
Friday:	10:00am-2:00pm		2:30-6:00pm

Comments or particular subjects of interest: _____

Have you completed volunteer training with us before?

- Yes
- No

Driver

CYP Drivers help transport students from the program home Monday-Friday. Sometimes this requires use of your personal vehicle or the use of our 11 passenger van or 14 passenger bus.

IF INTERESED IN DRIVING, PLEASE FILL OUT THIS SECTION COMPLETELY

Vehicle Information:

Year: _____ Make: _____

Model: _____ Color: _____

License Plate: _____

License Number: _____

State Issued: _____

Availability: (Circle all that apply)

Monday: 5:30-6:00pm

Tuesday: 5:30-6:00pm

Wednesday: 5:30-6:00pm

Thursday: 5:30-6:00pm

Friday: 5:30-6:00pm

Have you completed bus/van training before?

Yes No

Driver Information:

Do you have a valid Driver's License? Yes No

Driver's License Number: _____ State Issued: _____

Expiration Date: _____

Do you have automobile insurance? Yes No

Company Name: _____ Policy Number: _____

Why would you like to volunteer with CYP? _____

VOLUNTEER EXPERIENCE

Have you volunteered in the past? Yes No

Starting with the most recent, please list your volunteer experience:

Organization	Job Position	Supervisor	Start Date	End Date
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Organization	Job Position	Supervisor	Start Date	End Date
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Organization	Job Position	Supervisor	Start Date	End Date
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Organization	Job Position	Supervisor	Start Date	End Date
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Please list your special interests and/or hobbies: _____

Do you have reliable transportation? Yes No

Would you be available for periodic volunteer training sessions? Yes No

What qualities do you have that would help you work with CYP? _____

List any education, experience, certifications, or other training relevant to this volunteer position: _____

CRIMINAL HISTORY AND BACKGROUND CHECK AUTHORIZATION

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, other crimes of violence, theft, or motor vehicle violations)?

Yes

No

If yes, please explain:

Have you ever been exposed to an incident of child abuse or neglect?

Yes

No

Have you ever been convicted of a criminal offense?

Yes

No

Do you currently have any criminal actions pending in which you are the Defendant?

Yes

No

Are you currently on probation or parole?

Yes

No

If you answered “Yes” to any of the above questions, please explain the nature of the offense and provide the date of the offense and the county and state in which it occurred.

In order to ensure the safety of CYP’s students, staff, and volunteers, CYP requires all volunteers to complete a full background check. Volunteer drivers are also required to complete a DMV – Motor Vehicle Record (MVR) check. CYP believes that confidentiality is very important and will share this information only with TRAK-1, the company that provides our background checks.

Former Names and Dates Used _____

Current Address: _____
Street Address City State Zip

From: ____/____ to Present
Month Year

Previous Address: _____
Street Address City State Zip

From: ____/____ to ____/____
Month Year Month Year

Previous Address: _____
Street Address City State Zip

From: ____/____ to ____/____
Month Year Month Year

Social Security Number: _____ - _____ - _____

Date of Birth: _____

PERSONAL REFERENCES

Please provide 3 personal or professional references that are not related to you. CYP staff must be able to contact two of the provided references, either via phone or email, before you are eligible to complete volunteer training.

Name	Phone	Email	Occupation	Relationship
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Name	Phone	Email	Occupation	Relationship
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Name	Phone	Email	Occupation	Relationship
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APPLICANT STATEMENT

I certify that this volunteer application was completed by me and that all of the information on this application is true and correct to the best of my knowledge. I understand that any falsification, misrepresentation, or omission of facts called for herein will result in my disqualification from further consideration as a volunteer. I understand that this volunteer application is not valid without my signature.

I hereby authorize the Community Youth Program (CYP) and its designated agents and representatives to conduct a comprehensive review of my background, causing a report to be generated for volunteer purposes. I understand that the scope of the report may include, but is not limited to the following areas: verification of social security number and name, current and previous residences, civil and criminal history records from any criminal justice agency in any or all federal, state, county jurisdictions, driving records, and any other public records.

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, CYP 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.

I hereby release CYP, the Social Security Administration, and its agents, officials, representative, or assigned agencies, including officers, employees, or related personnel both individually and collectively, from any and all liability for damages of whatever kind, which may, at any time, result to me, my heirs, family, or associates because of compliance with this authorization and request to release.

Printed Name: _____

Signature: _____

Date: _____

OFFICE USE ONLY:

Organizational affiliation: _____ Volunteer Driver Both

Background check completed P F Date: _____

Restrictions: _____

MRV check completed Date: _____

Bus/Van Training completed Date: _____

Copy of Driver's License

Copy of Auto Insurance Policy

SGC Training completed Date: _____

Start Date: _____

Volunteer Training completed Date: _____

End of Probationary Period: _____