

**Instruction Box:**  
All applicants should complete entire application



**Boys Hope Girls Hope**

## COMMUNITY VOLUNTEER APPLICATION

### PERSONAL INFORMATION

Please **print** and fill in all information.

Name: \_\_\_\_\_  
(First) (Last) (Middle Initial)

Address: \_\_\_\_\_

City, State and Zip: \_\_\_\_\_

Phone Numbers: Home: \_\_\_\_\_ Cell: \_\_\_\_\_  
Please circle preferred contact number

Highest Level of Education completed: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Employer: \_\_\_\_\_

Business Address: \_\_\_\_\_

City, State and Zip: \_\_\_\_\_ Work Number \_\_\_\_\_

Email Address: \_\_\_\_\_ Current Occupation: \_\_\_\_\_

### EMERGENCY INFORMATION

In case of emergency, whom should we contact?

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

City, State and Zip: \_\_\_\_\_ Phone Number: \_\_\_\_\_

### AVAILABILITY and INTERESTS

Please check all that apply. A list of specific volunteer opportunities is attached.

I am interested in being a(n) \_\_\_ Program Volunteer \_\_\_ Youth Volunteer \_\_\_ Mentor.

Please check the days and list the times that you are generally available:

Monday \_\_\_ Tuesday \_\_\_ Wednesday \_\_\_ Thursday \_\_\_ Friday \_\_\_ Saturday \_\_\_ Sunday \_\_\_

Hours of Availability: \_\_\_\_\_

Special Trainings or Interests: \_\_\_\_\_

Revised: 01/25/07

## REFERENCES

Please list two people who are not related to you. We prefer one Professional Reference and one Personal Reference. Two Personal References will be sufficient if you do not have a current Professional Reference. **Mentors should provide a total of three references.** We recommend one Professional Reference and two Personal References.

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Professional  Personal

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

City, State and Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

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Professional  Personal

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

City, State and Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

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Professional  Personal

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

City, State and Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

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## LEGAL HISTORY

1. Is there any fact or circumstance involving you or your background that would call into question your being entrusted with the supervision, guidance, or care of children? ( ) Yes ( ) No  
If yes, please explain on an attached sheet

2. Have you ever been convicted of or pleaded guilty to a felony or misdemeanor (other than traffic and/or parking violations)? ( ) Yes ( ) No

If yes, please state the nature of the offense for which you were convicted or pleaded guilty, the date of the conviction or the entering of the plea, the judgment imposed, the court imposing the judgment and its location, and the docket number of the proceeding on an attached sheet. A "yes" response may disqualify you from consideration for volunteer opportunities. However, a record of a conviction, does not automatically mean that you cannot be a volunteer. The nature and circumstances of any conviction, how long ago it occurred, and other factors, including the relationship of the conviction to the position for which you are applying, are all important in the volunteer consideration. Thus, please provide a complete response to the question so that an appropriate decision may be made.

3. Has any surety company ever refused to issue or continue any bond on your behalf? ( ) Yes ( ) No

If Yes, please provide in detail the date, the reasons for and the circumstances surrounding the surety company's refusal on an attached sheet.

4. Have you at any time been accused of child abuse or indecency with a child, or injury to a child? (You are required to answer this inquiry whether or not a criminal conviction arose out of the allegation.) ( ) Yes ( ) No

If yes, please complete the following:

a. Provide the date, the place, and an account of the circumstances surrounding each allegation of child abuse (use back if required).

b. Did any administrative or judicial proceedings arise out of the allegations of child abuse? ( ) Yes ( ) No

If yes, please identify the agency or court in which the proceedings were brought and its location, the docket number of the proceeding, and any judgment or resolution that was entered or reached (use back if required).

c. Are you under the supervision of any federal, state or local agency as a result of any allegations of child abuse? ( ) Yes ( ) No

A "yes" response to any part of question #4 may disqualify you from consideration for a volunteer opportunity working with *Boys Hope Girls Hope* children. The nature and circumstances of the matters reported as well as their disposition are all important in the volunteer consideration.

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|---|---|--|
| Y | N | Have you ever been charged with a sexual offense, offense relating to children, or crime of violence?  |
| Y | N | Have you ever been the subject of a civil lawsuit involving sexual misconduct, violence, or injury, involving adults or children?  |
| Y | N | Have you ever been reported to any organization or registry for abuse or misconduct involving children or adults?  |
| Y | N | Do you have any disciplinary action or investigation pending by an employer, other organization, professional association, or licensing body, for violence, sexual misconduct, or misconduct involving children?   |
| Y | N | Have you ever been disciplined or dismissed from any volunteer position or employment following an allegation of sexual misconduct, physical aggression, verbal aggression, or other inappropriate behavior or conduct?  |
| Y | N | Have you ever been reprimanded, or asked to leave or end your membership in a volunteer civic or non-profit organization?  |
| Y | N | Have you ever been the subject of a disciplinary proceeding against any professional license or professional affiliation held by you?  |
| Y | N | Do you have a medical and/ or emotional condition either preexisting, current, or anticipated that might now, or in the future restrict your ability to escort, instruct, monitor, transport, and/or otherwise see to the education, safety or care of the scholars? |

***For any "Yes" answers, please attach a detailed explanation in writing.***

### Certification and Release

Our organization appreciates your willingness to share your skills and expertise. Providing a safe and secure program for all the members that we serve is of utmost importance to us. The information gathered in this application is designed to help us provide the highest quality programming for scholars and staff. Please initial each of the statements below.

\_\_\_ I authorize *Boys Hope Girls Hope* to verify any representations made by me, either oral or written, concerning my application. I understand that my references and any other individuals with relevant knowledge of my background will be contacted by *Boys Hope Girls Hope*, that a criminal background check will be conducted and a DMV check performed if necessary. I authorize investigation of all statements contained in the application and hold harmless any individual or firm for any information that they may provide.

\_\_\_ I agree to abide by all of *Boys Hope Girls Hope*'s guidelines and policies for the volunteer position to which I am applying.

\_\_\_ I understand that I can withdraw from the application process at any time.

\_\_\_ I declare that I am not a pedophile and/or phebophile or child molester and that I have not perpetrated physical abuse, sexual abuse, emotional abuse or neglect against a child or adult, and that I have never been accused of these acts.

\_\_\_ I understand that *Boys Hope Girls Hope* has ZERO TOLERANCE FOR ABUSE and takes all allegations of abuse seriously. I further understand that *Boys Hope Girls Hope* cooperates fully with the authorities to investigate all cases of alleged abuse. Abuse of clients is grounds for immediate dismissal and possible criminal charges.

\_\_\_ I understand and agree that false statements and/or omissions regarding past conduct and/or present situations may be grounds for denial of the application to provide volunteer services and that refusal to inform *Boys Hope Girls Hope* of the existence of a sealed criminal record will result in the automatic denial of the application.

\_\_\_ I understand and agree that any false statements on this application, whenever discovered, may be grounds for immediate termination of volunteer position.

## Privacy Statement

Pursuant to the Federal Privacy Act (P.L. 93-579) and the information Practices Act of 1977 (Civil Code Sections 1798 Et Seq.), notice is given for the request of the Social Security Number (SSN) on this form.

If you have any questions about this form, or want access to any personal information maintained on you by this Program, please contact the Program office.

**My signature indicates that I have read and understand the above statements.**

**Applicant Signature:** \_\_\_\_\_ **Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_

## Criminal Record Statement



**Boys Hope Girls Hope**

*Boys Hope Girls Hope* requires that persons associated with our programs be fingerprinted and disclose any criminal convictions. A conviction is any plea of guilty or nolo contendere (no contest) or a verdict of guilty. The fingerprints will be used to obtain a copy of any criminal history you may have.

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Have you ever been convicted of a crime?  NO  YES

If you answer YES, attach a signed statement indicating the nature and circumstances of the crime, the date and location in which it occurred.

If you answer NO and you are *wrong*, your answer will be considered as **not true** and held against you. You must disclose convictions, including reckless and drunk driving convictions even if:

1. It happened a long time ago;
2. It was only a misdemeanor;
3. You didn't have to go to court (your attorney went for you);
4. You had no jail time or the sentence was only a fine or probation;
5. You received a certificate of rehabilitation;
6. The conviction was later dismissed, set aside or the sentence was suspended.

**I declare under penalty of perjury under the law of the State of \_\_\_\_\_ that I have read and understand the information contained in this affidavit and that my responses and any accompanying attachments are true and correct.**

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Program Name

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Your Name (Print Clearly)

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Your Address, City and Zip Code

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Social Security Number

Date of Birth

DMV Number

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Signature

Date