

VILLAGER APPLICATION



Name		Date of Birth	
Address	City	State	Zip code
Social Security #	E-mail Address		
Home Phone	Cell Phone	Business Phone	
Occupation	Employer		
Address	City	State	Zip code
Emergency Contact	Relationship	Phone	
Education:			
High School graduate?		Yes	No
Undergraduate degree?	Yes No	Major/Field of Study:	
Graduate degree?	Yes No	Major/Field of Study:	
Do you speak a foreign language? <input type="checkbox"/> Sign Language <input type="checkbox"/> Spanish <input type="checkbox"/> Other _____			
Special professional training, skills, hobbies:			
Community affiliations (Clubs, Service Organizations, etc.):			
Previous volunteer experience:			
To your knowledge, have you been a participant in services offered by Samara's Village?		Yes	No
Special Certification (CPR, Medical, etc.):			
Do you have a valid driver's license:	Yes No	Driver's License#:	State
Have you ever been convicted of or plead guilty to any crime(s) involving or against a minor?:		Yes	No
If yes, describe each in full:			

Are there any criminal charges pending against you regarding any crime(s) involving or against a minor?		Yes	No
If yes, describe each in full:			
Have you ever been refused participation in any programs involving youth?			Yes
			No
If yes, explain:			
In which of the following would you like to participate? (Check one or more.)			
<input type="checkbox"/>	Life Skills Training ***	<input type="checkbox"/>	Tutoring ***
<input type="checkbox"/>	Counseling	<input type="checkbox"/>	Fundraising
<input type="checkbox"/>	Support Group Lead	<input type="checkbox"/>	Transportation
<input type="checkbox"/>		<input type="checkbox"/>	Computer Lounge Support
<input type="checkbox"/>		<input type="checkbox"/>	Clerical - Office
<input type="checkbox"/>		<input type="checkbox"/>	Tutoring
<input type="checkbox"/>		<input type="checkbox"/>	Childcare
<input type="checkbox"/>		<input type="checkbox"/>	Clerical – Medical
<input type="checkbox"/>		<input type="checkbox"/>	Other _____
*** List desired skill(s) and/or course(s) –			
Please list three references professional or personal:			
1) Name/Phone			
2) Name/Phone			
3) Name/Phone			

AS A CONDITION OF VOLUNTEERING, I give permission for Samara’s Village (the “organization”) to conduct background check(s) on me now and as long as I continue to be active with the organization, which may include a review of sex offender registries (some of which contain name only searches which may result in a report being generated that may or may not be me), child abuse and criminal history records. I understand that, if appointed, my position is conditional upon the organization receiving no inappropriate information on my background. I hereby release and agree to hold harmless from liability the organization, the officers, employees and volunteers thereof, or any other person or organization that may provide such information.

Applicant Signature _____ Date _____

Print Applicant Name _____

(If Minor) Parent Signature _____ Date _____

(If Minor) Print Parent Name _____

OFFICE USE ONLY: Background check completed by _____ on _____ System(s) used for background check (minimum of one must be checked): Sex Offender Registry Criminal History Records Other _____ *Only attach to this application copies of background check reports that reveal convictions of this application.
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