



Volunteer Application

Contact Information

Name: _____ Date: _____

Home Address: _____

City/State: _____ Zip Code: _____

Phone Number (Cell): _____

E-mail Address: _____

Are you a veteran? (CIRCLE) YES or NO

T-shirt size? _____

For Parking Permit:

Make: _____ Model of vehicle: _____ Color: _____

License plate #: _____ CIRCLE: SUV / Pick Up / CAR

Valid Driver's License: (CIRCLE) YES or NO Driver's License # _____

Emergency Information

Special medical needs/conditions: _____

Emergency procedures (if applicable) _____

Emergency Contact:

Name _____ Relationship _____

Home Phone _____ Other Phone _____

Address _____

Experience

Occupation: _____

How did you hear about Club Parkinson's?

Why are you interested in volunteering for Club Parkinson's?

Previous volunteer experience(s):

Events: (Would you be interested in helping in the following areas? Please mark all that apply)

- Fundraisers
- Staffing booths
- Joining a committee
- Special events
- Community awareness
- Other: _____

Please Note: Because of the sensitive nature of our work, we request the following information:

- | | |
|--|------------|
| 1.) Have you ever been convicted of a crime? | YES or NO? |
| 2.) Are there any criminal charges against you currently? | YES or NO? |
| 3.) Have you ever had a personal protection order against you? | YES or NO? |
| 4.) Have you ever been involved in the abuse or neglect of a child or adult? | YES or NO? |
| 5.) Have you ever been involved with a protective service agency? | YES or NO? |

If you answered yes to any of the questions above, please explain when, where and the nature of the offense below:

APPLICANT'S STATEMENT

The information contained in this application is correct to the best of my knowledge and permission is hereby given for any investigation that may be necessary. I understand that misleading or untruthful information on this application may result in my dismissal from any volunteer job consideration.

Volunteers Signature

Date

Witness Signature

Date

KANSAS CRIMINAL CHECK ATTESTATION-Volunteers

By the execution of this document, I acknowledge that I have been informed by Club Parkinson's that a criminal history check may be performed on my name. I have informed Club Parkinson's of all names (for example, maiden name, aliases) that I have used in the past fifteen (15) years. I understand that I have been granted status as an unpaid volunteer on a provisional basis and that my status as an unpaid volunteer is temporary pending the results of the criminal history background check. I also understand that it is Club Parkinson's right not allow an individual to volunteer for Club Parkinson's who has been convicted of the offenses enumerated below under Part I or convicted under the conditions set forth in Part II.

**PART I
DISQUALIFYING OFFENSES**

First Degree Murder	Indecent Liberties with a Child
Second Degree Murder	Aggravated Indecent Liberties with a Child
Voluntary Manslaughter	Aggravated Criminal Sodomy
Assisting Suicide	Aggravated Indecent Solicitation of a Child
Mistreatment of a Dependent Adult	Sexual Exploitation of a Child
Rape	Sexual Battery, Aggravated Sexual Battery

Attempt to commit any of the crimes, or conspiracy to commit any crime listed above

The commission of any crime or similar crimes in any other state or Federal jurisdiction

**PART II
DISQUALIFYING UNLESS FIFTEEN YEARS OR MORE HAVE PASSED FROM THE
SATISFACTION OF SENTENCING REQUIREMENTS**

Involuntary manslaughter	Robbery
Vehicular homicide.	Blackmail
Assault	Income tax returns; disclosure or use for commercial purposes
Assault of a law enforcement officer	Promoting or permitting hazing.
Aggravated Assault	Exposing another to a life threatening communicable disease.
Battery	Inherently dangerous felony.
Domestic Battery	Stalking
Battery against a law enforcement officer	Involuntary manslaughter while driving under the influence of alcohol or drugs.
Battery against a mental health employee	Battery against a school employee
Unlawful interference with a firefighter.	Unlawful interference with an emergency medical services attendant
Permitting dangerous animal to be at large.	Unlawful administration of a substance
Criminal threat	Trafficking
Kidnapping	Terrorism
Interference with parental custody.	Illegal use of weapons of mass destruction.
Interference with custody of a committed person.	Crimes to an unborn child.
Criminal restraint	
Mistreatment of a confined person	
Furtherance of terrorism or illegal use of weapons of mass destruction.	

Attempt to commit any of the crimes, or conspiracy to commit any crime listed above
The commission of any crime or similar crimes in any other state or Federal jurisdiction

I, _____ do hereby confirm that I have not been convicted of any crime listed in above.

I further confirm that there are no charges currently pending against me with respect to the above charges.

I understand that I am also obligated to provide a list to Club Parkinson's of any conviction that I have had against me regardless of the charges, except for minor traffic violations.

- I have no other convictions
- I have provided a separate list of other convictions

Name

Maiden Name or Alias:

Address

Social Security No.

Driver's Lic. No.

Signature

Date

Date of Birth