

TEENS WITH PROMISE Volunteer Application

Application to Work with Children / Youth

This application is to be completed in full by paid staff and all volunteers for any position involving the supervision, teaching, or interactions with minors. Information will be treated as confidential and is needed to help us provide a safe environment for children and youth who participate in our program.

Name (First, Middle, Last): _____ Date: _____

(List any other names that have been used, including maiden or previous married name)

Street Address: _____
Street City State Zip

Mailing Address (if different): _____

Home Phone: () _____ Work Phone: () _____ Cell Phone: _____

Best time and number to call: _____

SS# - - Birth date: _____ Drivers License State and Number: _____

Marital Status: _____ Spouses Name: _____

Emergency Contact: _____ Phone: () _____

Number of Children: _____ Ages: _____

Do you have any medical training or are you CPR certified? _____

Positions

In which areas would you like to serve? Please check below.

Academic Tutor

English Math Science Other

Mentoring

Teen Shop

Personal Shopper for Teens
Decorating and sorting clothes

General Events

Prom Dress Drive
Backpacks For Teens
Holiday Gift Drive

Office Work

Fundraising Events (Banquet)

When are you available to serve?

Weekday Hours List Times _____

Weekend Hours List Times _____

Other:

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Background

How long have you lived in Colorado ? _____ years _____ months

Did you attend school here?

Yes No In Process, If so where? _____

List any gifts, talents, training, skills or education that have _____

Do you have any physical handicaps or conditions preventing you from performing certain types of activities?

Yes No If yes, please explain _____

Have you ever been convicted of a crime?

Yes No If yes, please explain _____

Have you ever been accused, arrested or convicted of child abuse, neglect, or a crime involving actual or attempted sexual molestation of a minor or any other sexually related crime, or any other crime alleging abuse by a person in a position of trust?

Yes No If yes, please explain _____

Do you use illegal drugs?

Yes No

Have you ever been hospitalized or treated for alcohol/ substance abuse (legal or illegal) or mental health issues?

Yes No If yes, please explain _____

Are there any circumstances involving your lifestyle or your background that would call into question your ability to work with children and youth?

Yes No Please explain: _____

Have you had any painful experiences in your life that have better equipped you or that may hinder you from a productive work with children and youth?

Yes No

If so, would you be willing to talk with us regarding this circumstance?

Yes No

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Passions and Strengths

What motivates you? (Write three or four lines on how you like to be encouraged) _____

A daily encouragement for me would be _____

If I had all day to do something for myself, I would _____

The most fun I ever had was when _____

My favorite hobby is _____

My greatest passion in life is _____

One area I am growing in is _____

The greatest strength I possess is _____

Passions or Strengths we may have left out _____

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References

Please provide the names of three individuals (not relatives) who have known you for five years or more and who can provide a reference for you. If you are under the age of 18, you may use the name of a parent and/or teacher. All people listed as references should be informed that you have listed them. References that are acceptable are limited to the following:

- Former or present pastor
- Long-time friend (minimum of 5 years)
- One parent (for minors)
- Teacher (for minors)
- Church member (who has sufficient strength of relationship to comment on the individual's personal habits and character)
- Employer or colleague

1. Name: _____ Relationship: _____

Address: _____
Street City State Zip

Home Phone: (____) _____

Email: _____

2. Name: _____ Relationship: _____

Address: _____
Street City State Zip

Home Phone: (____) _____

Email: _____

3. Name: _____ Relationship: _____

Address: _____
Street City State Zip

Home Phone: (____) _____

Email: _____

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Employment History

Please provide your current employer and last two employers.

CURRENT EMPLOYER: _____ Supervisor: _____

Address: _____
Street City State Zip

Position(s) Held: _____ Full-time Part-time Employment Dates: _____ — _____

Phone number _____

PREVIOUS EMPLOYER: _____ Supervisor: _____

Address: _____
Street City State Zip

Position(s) Held: _____ Full-time Part-time Employment Dates: _____ — _____

Phone number _____

PREVIOUS EMPLOYER: _____ Supervisor: _____

Address: _____
Street City State Zip

Position(s) Held: _____ Full-time Part-time Employment Dates: _____ — _____

Phone number _____

Military Service

Branch: _____

Enlist Date: _____

Discharge Date: _____

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Authorization for Release of Information

~~Confidential~~

Applicant Information (Please print legibly.)

Volunteer Employee

Biographical Data

Name: _____
Last First Middle Initial

Date of Birth: (Mo/Day/Year) ____/____/____ Social Security Number ____-____-____

Place of Birth: City: _____ County: _____ State: _____

Social Security Number: ____-____-____

Current Address: _____

Street City State Zip

Telephone number: (____) _____

Driver's License Number: _____ Issuing State: _____

List previous addresses within the past five years (attach a separate sheet if necessary).

Address: _____
Street City State Zip

Address: _____
Street City State Zip

Address: _____
Street City State Zip

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Release to do Reference Checks and Criminal Records Check

I authorize my references, present and past employers, and churches listed in this application, to give Children of Promise, Inc.(AKA Teens with Promise) any information, including opinions, they may have regarding my character and fitness for work with children and youth.

This release and authorization acknowledges that Children of Promise, Inc. may now, or at any time while I am employed or work as a volunteer, obtain and use a "consumer report" about me, which may include verification of my education, previous employment/work history, driving record, and criminal record that may be in the files of the federal, state, or local criminal justice agency in any state. A photocopy or fax of this Authorization and Consent for Release of Information shall be valid as the original. The results of this verification process will be used to determine employment or volunteer eligibility. All results will be kept CONFIDENTIAL. The information obtained will not be provided to any parties other than to designated church personnel.

I authorize a criminal background check organization, and any of their agents or designated company personnel, or a police department to release to this church any information that pertains to any record of convictions in its file or in any criminal file maintained on me, whether local, state, or national, and to disclose orally and in writing the results of this verification process to authorized representatives.

I do hereby agree to forever release and discharge Children of Promise, Inc. and their officers, directors, employees, agents and associates, and all such individuals, employers, churches, and organizations, to the full extent permitted by law, from any claims, damages, losses, liabilities, costs and expenses, or any other charge or complaint arising from the retrieving and reporting of information.

In the event that information from the consumer report is utilized in whole or in part in making an adverse decision with regard to my application, before making the adverse decision, Children of Promise, Inc. will provide me with a copy of the report.

I hereby authorize

Children of Promise, Inc. (AKA Teens with Promise)

to obtain a consumer report on me.

Applicant's Signature _____ Date _____

Applicant's Name Typed or Printed: _____

Last reviewed by legal counsel on _____