

VOLUNTEER SCREENING APPLICATION

Association Information *(Internal Use Only)*

*Requestor Name:	*Email Address:	*Association Name:	*Association #:
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In an effort to provide a safe and fun environment for our participants and volunteers, [Volunteer Organization] requires that all-new volunteers, including coaches and referees, submit to a background screen before they have routine access to children who participate in our organization. As such, we have designed a very user-friendly process to help achieve this goal.

The Process

Please be aware that each individual will be responsible for a [\$0.00] fee to undergo this process for certification. Thank you for assisting us in providing a safe and fun environment for all of our children and participants.

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Please read the following information. We want you to understand what type of background screen we will be performing prior to providing your authorization. Please be aware that this entire process is secure and very confidential. Please indicate that you agree or disagree with the statement below.

Disclosure Statement

Dear Candidate:

Please be advised that [Volunteer Organization] and its individual Associations may request and obtain a background investigation in connection with your application to be a volunteer, coach or referee within the league.

This report will be prepared by Comprehensive Information Services, Inc., (CIS), P.O. Box 79007, Pittsburgh, PA 15216, at our request. This report may contain information concerning your character, general reputation, past and/or present criminal history and drivers license status. This information may be obtained from a variety of sources, including but not limited to, government agencies and proprietary databases.

Sincerely,

[Representative]
[Volunteer Organization]

I agree

I disagree

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We first need to gather certain information pertaining to you. Please fill-out the following information as completely as possible. All fields marked with an asterisk* and bold type are required. Please be aware that all of your information including Date of Birth and Social Security # are used confidentially and for verification purposes only.

Candidate Information

*Full Name: (Last, First, Middle)		Suffix: (Sr., Jr., Etc.)
*Social Security Number: (For verification purposes only)		*Date of Birth: (For verification purposes only)
Email Address: (Please provide your email address so we can keep you informed of the process)		*Telephone Number:

Additional Names - Please provide any additional names you have been known by for the **past (5) five years** (Surname, Alias, Maiden name, or other). Please use spaces provided for additional names.

Full Name (Last, First, Middle)	Suffix (Sr., Jr., Etc.)
Full Name (Last, First, Middle)	Suffix (Sr., Jr., Etc.)
Full Name (Last, First, Middle)	Suffix (Sr., Jr., Etc.)

Address Information - Please provide your current and past addresses for the **past (5) five years**. Please use spaces provided for additional addresses.

*Current Address (Number & Street)	*City, State & Zip Code
Previous Address (Number & Street)	City, State & Zip Code
Previous Address (Number & Street)	City, State & Zip Code
Previous Address (Number & Street)	City, State & Zip Code

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Please provide each Association in which you would like to be affiliated. You can provide multiple associations and multiple volunteer types for each affiliation. Be aware that your screening information will be provided to each association.

Association Affiliation

(Check all that apply to you)

*Association #:	*Association Name:	*State:	*Volunteer Type: <input type="checkbox"/> Volunteer <input type="checkbox"/> Coach <input type="checkbox"/> Referee
*Association #:	*Association Name:	*State:	*Volunteer Type: <input type="checkbox"/> Volunteer <input type="checkbox"/> Coach <input type="checkbox"/> Referee
*Association #:	*Association Name:	*State:	*Volunteer Type: <input type="checkbox"/> Volunteer <input type="checkbox"/> Coach <input type="checkbox"/> Referee
*Association #:	*Association Name:	*State:	*Volunteer Type: <input type="checkbox"/> Volunteer <input type="checkbox"/> Coach <input type="checkbox"/> Referee
*Association #:	*Association Name:	*State:	*Volunteer Type: <input type="checkbox"/> Volunteer <input type="checkbox"/> Coach <input type="checkbox"/> Referee
*Association #:	*Association Name:	*State:	*Volunteer Type: <input type="checkbox"/> Volunteer <input type="checkbox"/> Coach <input type="checkbox"/> Referee

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As part of the screening process, we need to verify that you maintain a current and valid driver's license. Please provide us with the exact information as it appears on your current license. In various states, you may be required to complete an additional form and fax it directly to (800) 458-8725. You will be prompted for each required state below.

Driver's License History

*Please be sure to complete the information below as exactly it appears on you driver's license. Mistakes will delay the screening process.

The following states (**District of Columbia, New Hampshire, Pennsylvania, Washington**) require that we maintain a signed authorization or require additional information. Please obtain the additional form from your association, if necessary, and fax it to the following number: (800) 458-8725. Thank you.

*Driver's License Number:	*Full Name As It Appears On Your License:	*State of Issue:

DISCLOSURE AND AUTHORIZATION

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Please indicate if any question(s) in Section I pertain to you directly. Provide a brief description of any past convictions or any open or pending criminal offense(s) that involve you. Please be aware that a criminal offense may not disqualify you from becoming a volunteer for our organization. Please complete each section accordingly.

Criminal History - Section I

[Volunteer Organization] and its associations will not authorize, approve or sanction, for any of the programs that it directly controls, any employee or volunteer who has routine access to children (anyone under the age of majority) who refuses to consent to be screened by [Volunteer Organization] and its individual associations through its authorized and designated agent/vendor. No individual will be issued acceptance/approval by [Volunteer Organization] and its Associations and/or affiliates for routine access to the children who take part in any of the [Volunteer Organization's] programs absent completion of the screening process. Please complete sections I to III as they apply to you. Have you:

1. Been convicted (including crimes the record of which has been expunged and pleas of "no contest") of a crime of child abuse, sexual abuse of a minor, physical abuse, causing a child's death, neglect of a child, murder, manslaughter, felony assault or any assault against a minor, kidnapping, arson, criminal sexual/deviant conduct, prostitution, related crimes or crimes involving controlled substances;
2. Been adjudged liable for civil penalties or damages involving sexual or physical abuse of children;
3. Been subject to any court order involving any sexual or physical abuse of a minor, including but not limited to domestic abuse orders of protection;
4. Had their parental rights terminated;
5. Had a history with another organization (volunteer, employment, etc.) of complaints of sexual or physical abuse of minors;
6. Resigned, been terminated or been asked to resign from a position, whether paid or unpaid, due to a complaint(s) of sexual or physical abuse of minors;
7. Had a history of other behavior that indicates he/she may be a danger to children in the [Volunteer Organization's] program.

I have read and understand that a person may be disqualified and prohibited from serving as a volunteer of [Volunteer Organization] or its Districts and/or affiliates, if among other things, any of the above statements pertain to me.

Do any of the above apply to you? Yes No

Yes (if so, please proceed to section II) No (please skip to certification and Signature)

Criminal History - Section II

Please provide detail on all criminal convictions or pending criminal cases for the last seven- (7) years. Please provide **type of charge** and the **city, state and date of the offense**.

I certify that the information provided by myself regarding my past and/or present criminal history is true and correct.

Signature

____/____/____
Date

Volunteer Authorization for Release of Background Information

As a condition of volunteering, I consent to have a background investigation made as to the suitability of permitting my involvement in [Volunteer Organization] and its individual Associations. I understand that the background investigation may include a review of criminal records, proprietary information, sex offender registries, motor vehicle record history and other sources of information that is of public record. I hereby authorize [Volunteer Organization] and its individual Associations to obtain a background investigation containing the foregoing information from Comprehensive Information Services, Inc. (CIS), P.O. Box 79007, Pittsburgh, PA 15216, its independent contractor. I also authorize an approved representative of the [Volunteer Organization] and its Associations to submit my background investigation on my behalf electronically. I also agree that my signature below signifies, and is the same as an electronic signature submitted on my behalf.

I authorize without any reservation, any person, agency, or other entity contacted by [Volunteer Organization] and its District and Association representatives and Comprehensive Information Services, Inc., (CIS) their agent, for purposes of obtaining background report information, to furnish the above- mentioned information.

By this authorization for Release of Background Information, I hereby forever release, discharge, exonerate, hold harmless and indemnify Comprehensive Information Services, Inc., (CIS), its employees, representatives, agents and subcontractors, and any other person, entity, organization or institution furnishing information to them from any and all liabilities of every nature and kind, including but not limited to claims for libel, slander, invasion of privacy, related tort claims, misuse of information obtained from Comprehensive Information Services, Inc., and any other claim or cause of action arising out of the furnishing, inspection or copying of any documents, files, records, and other information, or the investigation made by or on behalf of [Volunteer Organization] and its Associations , unless such release is determined to violate the public policy of the state or federal district in which this contract is executed, and in that event this release will be permitted to the maximum extent allowed by the governing law.

I certify that the statements on this application are true and correct. I understand that any false or misleading statement or omission of material fact may affect my approval to be a volunteer for [Volunteer Organization]. and its Associations. I authorize Comprehensive Information Services, Inc., (CIS) and its employees, contractors and agents to investigate and verify any of the information I have submitted to apply for volunteer status. I also agree that my signature below is sufficient and may be used without reservation as an original and/or copy of my signature. I also agree that it can be used as an electronic signature to have an approved agent submit this request on my behalf.

Signature

____/____/____
Date

Payment Information

Please provide the following credit card information to submit a **[\$0.00]** payment for your request. If you do not have a credit card, please discuss payment options via PayPal with your individual association.

*Full Name As It Appears On Your Credit Card:	*Type of Card: <input type="checkbox"/> MasterCard <input type="checkbox"/> Visa <input type="checkbox"/> Discover <input type="checkbox"/> American Express		
*Card Number:		*Expiration Date:	
*Billing Address:		*City, State, Zip:	

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The results of your background investigation may be obtained from the specific Association in which you have applied. Upon the successful completion of this process, you will be provided with a certification letter, which states your approval to be a volunteer with [Volunteer Organization] and its individual Associations. This process should take approximately 7-10 business days.

Thank you for your cooperation!