

IMPACT PROGRAM STAFF AND VOLUNTEER FORM

A copy of valid government issued photo identification must be attached to complete this application.

Contact Information:

Print Name: _____

Address: _____

City, ST and Zip: _____, PA _____

Phone number: _____

Email: _____

Date of Birth: _____

Occupation: _____

Social Security # (optional; mandatory upon request): _____

Employer: _____

Address: _____

Special professional training, skills, hobbies: _____

Community affiliations (Clubs, Service Organizations, etc.):

Previous volunteer experience:

Do you have children in the program? Yes No

If yes, list full name: _____

Special Certification (i.e. 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): Yes No

If yes, describe each in full: _____

Have you been refused participation in any other youth or volunteer programs? Yes No

If yes, explain: _____

Please list the name and phone of three references:

1. _____

2. _____

3. _____

I hereby release, indemnify, and hold harmless the Impact Program, employees and volunteers thereof, or any other related person or organization from any and all liability in connection with my participation in the program or related events. As a condition of volunteering, I give permission for the Impact Program to conduct a background check on me, which may include a review of sex offender registries, child abuse and criminal history records. I understand that, if appointed, my position is conditional upon the program receiving no inappropriate information on my background. I hereby release and agree to hold harmless from liability the Impact Program, employees and volunteers thereof, or any other person or organization that may provide such information. I also understand that, regardless of previous appointments, the Impact Program is not obligated to appoint me to a staff or volunteer position and that they can terminate my position at any time for any reason.

Applicant Name (please print): _____

Applicant Signature: _____ Date: _____

All staff and volunteers must complete the media release form. Staff and volunteers under the age of 18 are considered participants in the program and must also complete the registration and parental permission forms.

The Impact Program will not discriminate against any person on the basis of race, creed, color, national origin, marital status, gender, sexual orientation or disability.