South Central Community Action Program Volunteer Registration

Name				
Address				
Phone Number En	nail			
Birth date				
Volunteer Position:				
Youth Community Cooking Tear Guiding Coalition Head Star	n Transportation Circle Ally t (site) Other			
I would like to volunteer:				
Weekly Bi-Weekly Monthly	When Needed			
I am available:	Start date:			
venings and Weekends Weekdays (list days and times)				
Emergency Contact Information:				
1. Name	_ Relationship			
Phone	ne Cell Phone			
2. Name	Name Relationship			
Phone	Phone Cell Phone			
3. Name	ame Relationship			
Phone	Cell Phone			
Health concerns/allergies				
Primary Physician				
Will you be volunteering with SCCAP	P more than 8 hours a month? (Head Start only)			
Yes/No Date of TB	Date of Physical			

## CRIMINAL RECORD DECLARATION

South Central Community Action Program (SCCAP) and the Circles® Initiative require a background check of all participants in order to identify and limit potential danger to all participants, especially children. SCCAP will assess the relevancy of any arrests, pending criminal charges or convictions on an individual basis. SCCAP reserves the right to require additional information as necessary to assess the relevancy of any and all information you provide below.

PLEASE NOTE- You need not list the following:

\*Any traffic fines of \$200.00 or less

\*Any offenses, other than offenses related to child abuse and/or child sexual abuse or violent felonies, committed before your 18<sup>th</sup> birthday which was finally adjudicated in a juvenile court or under a youth offender law

\*Any convictions the record of which has been expunged under federal or state law \*Any conviction set aside under the Federal Youth Corrections Act or similar state law.

Please list all pending and prior criminal arrests and charges related to child sexual abuse and their disposition. Include dates and jurisdiction. If none, state **NONE**. Use additional sheets if necessary.

Please list all convictions related to other child abuse and neglect. Include date and jurisdiction. If none, state **NONE**. Use additional sheets if necessary.

Please list all convictions of violent felonies. Include date and jurisdiction. If none, state **NONE**. Use additional sheets if necessary.

I understand that providing false or misleading information could result in my not being considered for the Circle® Initiative. I declare, under penalties of perjury, that the above is true and correct to the best of my knowledge.

Applicant Signature	Date:
· · · · · · · · · · · · · · · · · · ·	

Applicant Printed Name

## Consent for Release of Information For Criminal History & Child Protective Service State Central Registry Checks

Full Name: _							
	First	Middle	Last		Previous		
Address:	Street	City	State	Zip	County		
					-		
Date of birth: _	// Race/Ethnicity	Socia	Il Security #:	<sup>_</sup>			
Previous Ad	dress(es) for past 10 yea	rs:					
Address:							
	Street	City	State	Zip	County		
Address:							
	Street	City	State	Zip	County		
Address:							
	Street	City	State	Zip	County		
List names o	of dependent, independer	nt & deceased	child(ren):				
Applicant ex	pressly agrees to waive a	any privileges c	of confidentiality to	permit ar	ny and all information to		
be released	to South Central Commu	nity Action Pro	gram, Inc.(SCCAP	) and Ch	ild Protective Services		
Applicant ex	pressly agrees and unde	rstands that an	y or all information	obtaine	d through this signed		
consent forn	n may be used at the disc	retion of SCCA	AP and Child Prote	ctive Ser	vices in determining th		
	uitability for working with				5		
••			0	•			
Signature: _		Date:					
Witness:		Date:					
For Adminis	strative Use Only:						
Type of check:	Criminal History	/	Child Protective Se	rvices			
	Legally Licensed Exer	npt Provider	Circles™ Initi	ative			

## Please Check the Appropriate Findings Below:

: Our Agency has no information/record(s) concerning the abov	re named individual.
: Our Agency has the following information/record(s) concerning	g the above named individual: (Submit
documentation or summarize areas you believe should be considered in	evaluating the suitability of this individual working for
a youth service agency.) Please use the back of the form or contact:	
Signature:	Date:
Agency:	