

South Central Community Action Program Volunteer Registration

Name _____

Address _____

Phone Number _____ Email _____

Birth date _____

I would like to volunteer for the following SCCAP program/position:

I would like to volunteer:

Weekly Bi-Weekly Monthly When Needed

I am available: Start date: _____

Evenings and Weekends Weekdays (list days and times)

Emergency Contact Information:

1. Name _____ Relationship _____

Phone _____ Cell Phone _____

2. Name _____ Relationship _____

Phone _____ Cell Phone _____

3. Name _____ Relationship _____

Phone _____ Cell Phone _____

Health concerns/allergies _____

Primary Physician _____ Phone number _____

South Central Community Action Program, Inc.

Criminal Record Declaration

South Central Community Action Program (SCCAP) requires 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 18th 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 South Central Community Action Program. I declare, under penalties of perjury, that the above is true and correct to the best of my knowledge.

Applicant Printed Name _____

Applicant Signature _____ Date _____

SCCAP

Photo and Media Release

I hereby grant the **South Central Community Action Program, Inc.** permission to use my likeness in a photograph, video, or other digital reproduction in any and all of its publications, including website entries, without payment or any other consideration. I understand and agree that these materials will be the property of the above organizations.

I hereby irrevocably authorize the **South Central Community Action Program, Inc.** to edit, alter, copy, exhibit or distribute this photo for the purposes of publicizing the above organizations' programs or for any other lawful purpose. In addition, I waive the right to inspect or approve the finished product, including written or electronic copy, wherein my likeness appears. Additionally, I waive any right to royalties or other compensation arising or related to the use of the photograph.

I hereby hold harmless and release and forever discharge the **South Central Community Action Program, Inc.** from all claims, demands, and causes of action which I, my heirs, representatives, executors, administrators, or any other persons acting on my behalf or on behalf of my estate have or may have by reason of this authorization.

I am 18 years of age and am competent to contact in my own name. I have read this release before signing below and I fully understand the contents, meaning, and impact of this release.

PRINTED NAME _____ DATE _____

SIGNATURE _____ DATE _____

If the person signing is under age 18, there must be consent by a parent or guardian, as follows:

I hereby certify that I am the parent or guardian of _____, named above, and do hereby give my consent without reservation to the foregoing on behalf of this person.

PRINTED NAME _____ DATE _____

SIGNATURE _____ DATE _____