# **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: Monthly Weekly Bi-Weekly 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 18<sup>th</sup> birthday which was finally adjudicated in a juvenile court or under a youth offender law
- o Any convictions the record of which has been expunged under federal or state law
- o Any conviction set aside under the Federal Youth Corrections Act or similar state law.

Please list all pending and prior criminal arrests and chadisposition. Include dates and jurisdiction. If none, statement of the statement of	
Please list all convictions related to other child abuse ar state NONE. Use additional sheets if necessary.	nd neglect. Include date and jurisdiction. If none
Please list all convictions of violent felonies. Include da additional sheets if necessary.	te and jurisdiction. If none, state NONE. Use
I understand that providing false or misleading informathe South Central Community Action Program. I declaratrue and correct to the best of my knowledge.  Applicant Printed Name	e, under penalties of perjury, that the above is
Applicant Signature	Date

## **South Central Community Action Program, Inc.**

Consent for Release of Information for Criminal History & Child Protective Services State Central Registry Checks

Full Name:					
First		Middle	Last		Previous
Address:					
Stre	et	City	State	Zip	County
Date of birth:/_	/ Race/	Ethnicity	Social Security #:	<del></del> -	<del></del>
Previous Address (e	es) for past 10 yea	rs:			
Address:					
,	Street	City	State	Zip	County
Address:					
	Street	City	State	Zip	County
Address:					
	Street	City	State	Zip	County
Applicant expressly consent form may lapplicant's suitabili	agrees and under be used at the disc ty for working wit	nity Action Program, rstands that any or al cretion of SCCAP and h children as a Legall	I information obtain Child Protective Se y Licensed Exempt	ned throu rvices in d Provider.	gh this signed letermining the
Applicant Signature			Date		
Witness:		D	ate:		
For Administrative Use	: Only:				
Type of check:	Criminal Hist	ory	Child P	rotective Se	ervices
	Legally Licen	sed Exempt Provider	Thriving	g Connectio	ns Initiative
Please Check the Appr	opriate Findings Belo	<u>w:</u>			
: Our Agency	has no information/r	ecord(s) concerning the a	bove named individual		
: Our Agency	has the following info	ormation/record(s) conce	rning the above named	individual:	(Submit
documentation or sum	marize areas you beli	eve should be considered	in evaluating the suita	bility of this	individual working
for a youth service age	ncy.) Please use the b	ack of the form or contac	t:		
Signature:				Date:	
Δσεηςν.					

### **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 and do hereby give my consent without reservation to the foreg	
PRINTED NAME	DATE
SIGNATURE	 DATE