

South Central Community Action Program Volunteer Registration

Name _____

Address _____

Phone Number _____ Email _____

Birth date _____

Volunteer Position:

Youth Community Cooking Team Transportation Circle Ally
Guiding Coalition Head Start (site) _____ Other _____

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 _____

Will you be volunteering with SCCAP 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 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 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 _____

