

# Louisville Youth Group Application to Become a Volunteer

Please return to: Volunteer Coordinator, P.O. Box 406764, Louisville, KY 40204

Please Print

Today's Date \_\_\_\_\_

Name _____	Date of Birth _____
Social Security No. _____	Gender _____ Ethnic/Race _____
Driver's License No. _____	Issuing State _____
<u>Address History (Last 3 Addresses beginning with the most current)</u>	
1. _____	_____
Street	City State Zip Date From/To?
2. _____	_____
3. _____	_____
Phone: Home _____	Cell _____ Work _____
Is it ok to phone you at work? <input type="checkbox"/> yes <input type="checkbox"/> no	E-Mail _____
Sexual Orientation _____	
Have you previously applied to LYG to be a volunteer? <input type="checkbox"/> yes <input type="checkbox"/> no If so, when _____	

## Education

Highest Grade Completed \_\_\_\_\_ College or Vocational/Tech School yes no  
If yes, certificate or highest degree earned \_\_\_\_\_

## Employment

Employer \_\_\_\_\_ Your Position \_\_\_\_\_  
 Not currently employed  Retired  Disabled  Other \_\_\_\_\_

## Volunteer Interest

(Use the numbers 1, 2, 3 to indicate your top three preferences.)

_____LYG Board Member	_____Speakers' Bureau
_____Public Relations/Marketing	_____Fundraising
_____Information Technology	_____Ad hoc Committee Work
_____Web Design/Maintenance	_____Office Support/Data
_____Occasional Resource: _____	_____Other _____
Specify	Specify



**Background Checks**

The Louisville Youth Group conducts background checks of prospective volunteers. This policy has been adopted to address the safety and well-being of our youth, their families, and other volunteers. Our checks will include personal and professional references, searches of state data bases for criminal histories, motor vehicle violations, sexual offender lists, and searches of county or other jurisdictional records for the last three places of residence. The Board of Directors of LYG may consider the impact of any offenses disclosed in these checks as possible grounds for denial of approval. LYG may, at its discretion, conduct periodic background checks to insure that current information is maintained.

Have you ever been charged with, convicted of, or pleaded guilty to criminal charges, including minor traffic violations? yes no If "yes", please explain (use additional sheets if needed):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do you have now pending, or have you ever had sustained, civil or criminal complaints against you for sexual misconduct? yes no

Have you ever resigned, or been terminated from, a position for reasons related to sexual misconduct or a criminal investigation? yes no

If "yes" to either question, please explain:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Volunteer Applicant's Consent and Release**

I have read the above disclosure and I hereby authorize you or your authorized agents to obtain information about me. I also authorize all agencies, bureaus, employers, information service organizations, and individuals to provide any of the above referenced knowledge or information they have concerning me.

As a crucial part of the approval process, applicants to be volunteer mentors provide several kinds of information about their personal and professional backgrounds. Either failure to make written disclosure of information which this application requires or misrepresentation in the information supplied constitutes a basis for denial of approval. Where omissions or misrepresentations come to light after approval has been granted, the volunteer is subject to dismissal.

Signature of Applicant\_\_\_\_\_ Date\_\_\_\_\_