

# HOBY Volunteer Application & Background Check Form

A copy of valid government issued photo identification **must** be attached to complete this application.

*Instructions: All fields are **required**. Use extra paper to complete if additional space is required.*

Position Title: \_\_\_\_\_ Site & Region: \_\_\_\_\_

Name \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Business Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_ Fax \_\_\_\_\_

Email Address \_\_\_\_\_

Date of Birth \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Social Security #\*\* \_\_\_\_ - \_\_\_\_ - \_\_\_\_

Occupation/Title \_\_\_\_\_

Employer Name \_\_\_\_\_

Employer Address \_\_\_\_\_

Spouse/Partner's Name: \_\_\_\_\_

Children's Names & Ages: \_\_\_\_\_

Local Newspaper & Address: \_\_\_\_\_

Special professional training, skills, hobbies: \_\_\_\_\_

\_\_\_\_\_

Previous HOBY experience: \_\_\_\_\_

\_\_\_\_\_

Years with HOBY: \_\_\_\_\_ Current HOBY position: \_\_\_\_\_

Other affiliations (Clubs, Service Organizations, etc.): \_\_\_\_\_

\_\_\_\_\_

Special Certification (i.e. CPR, Medical, etc.): \_\_\_\_\_

Corp. Pres. Signature \_\_\_\_\_ Date \_\_\_\_\_

\*\*SSN required for background check only

**Volunteers 18 years and older who will have repetitive access or contact with ambassadors or who will sit on the Board of Directors must answer the following questions and agree to a background check:**

Have you ever been convicted of or plead guilty to any crime(s): Y \_\_\_ N \_\_\_

If yes, describe each in full: \_\_\_\_\_

Have you ever been refused participation in any other youth programs? Y \_\_\_ N \_\_\_

If yes, explain: \_\_\_\_\_

*Read through carefully and then sign below if you agree:*

As a condition of volunteering, I give permission for the Hugh O'Brian Youth Leadership (HOBY) to conduct a background check on me, which will include a review of national criminal history records and social security number verification. I understand that, if appointed, my position is conditional upon HOBY receiving no inappropriate information on my background. However, if inappropriate information is found, I will be given written notice of the decision and of the right to obtain a free copy of the report on which the decision was based, and contact information for the agency that provided the report. I hereby release and agree to hold harmless from liability Hugh O'Brian Youth Leadership, the officers, employees and volunteers thereof, or any other person or organization that may provide such information. I also understand that, regardless of previous appointments, HOBY is not obligated to appoint me to a volunteer position. If appointed, I understand that, prior to the expiration of my term, I am subject to suspension or removal by HOBY staff for violation of HOBY policies or principles.

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

Applicant Name (please print or type) \_\_\_\_\_

*NOTE: Hugh O'Brian Youth Leadership will not discriminate against any person on the basis of race, creed, color, national origin, marital status, gender, sexual orientation, or disability.*

**HOBY Use Only:**

Background check completed on \_\_\_\_ / \_\_\_\_ / \_\_\_\_ . Valid ID attached \_\_\_

Type of background check: \_\_\_ ChoicePoint/Rapsheets' "Rapfinity Check"

\_\_\_ Other: \_\_\_\_\_

(check must include National Criminal History Records and SSN Verification)

*Attach to this form copies of background check reports that reveal **convictions** of this applicant. Be sure to notify the volunteer of any results that would disqualify him/her from volunteering.*