|  |
| --- |
| **Personal Information**  |
| Name: |  | Date: |  |
| Address: |  |
| City: |  | State: |  | Zip: |  |
| Phone: |  | Email: |  |
| Gender: Male [ ]  Female [ ]  | Driver License / ID # |  | State: |  |
| Best way to be contacted? Phone [ ]  E-Mail [ ]  Mail [ ]  |
| Best time to be contacted? Morning [ ]  Afternoon [ ]  Evening [ ]  |

**Employment History – Last 5 years or previous 3 Employers**

|  |  |
| --- | --- |
| Employer: |  |
| Address: |  |
| City: |  | State: |  | Zip: |  |
| Supervisor Name: |  | Phone: |  |
| Position Held: |  | Dates of Employment: |  | To: |  |
|  |  |  | Mo/yr |  | Mo/yr |
| Employer: |  |
| Address: |  |
| City: |  | State: |  | Zip: |  |
| Supervisor Name: |  | Phone: |  |
| Position Held: |  | Dates of Employment: |  | To: |  |
|  |  |  | Mo/yr |  | Mo/yr |
| Employer: |  |
| Address: |  |
| City: |  | State: |  | Zip: |  |
| Supervisor Name: |  | Phone: |  |
| Position Held: |  | Dates of Employment: |  | To: |  |
|  |  |  | Mo/yr |  | Mo/yr |

Please list the names, addresses, and phone numbers of two (2) people you would like to use as character reference (only people who have known you for at least 1 year). Any information Foundations4Youth gathers from these references will be held as confidential and will not be released.

|  |  |
| --- | --- |
| Personal Reference Name: |  |
| Address: |  |
| City: |  | State: |  | Zip: |  |
| Phone: |  | E-mail |  |
| Relationship: |  | Years known: |  |
| Professional Reference Name: |  |
| Address: |  |
| City: |  | State: |  | Zip: |  |
| Phone: |  | E-mail |  |
| Relationship: |  | Years known: |  |

**Read this carefully before signing**

Please initial each of the following:

**\_\_\_\_\_\_** I agree to follow volunteer program guidelines and understand that any violation will result in suspension and/or termination of the volunteer relationship.

**\_\_\_\_\_\_\_**I understand that Foundations4Youth is not obligated to provide a reason for their decision in accepting or rejecting me as a volunteer.

I understand I must return all of the following completed items along with this application, and that any incomplete information will result in the delay of my application being processed.

* Provide One (1) **Personal** Reference and One (1) **Professional** Reference

**By signing below, I attest to the truthfulness of all information listed on this application and agree to all the above terms and conditions.**

|  |  |  |
| --- | --- | --- |
|  |  |  |
| Signature |  | Date |

Request for Background Check via Electronic Fingerprinting

|  |
| --- |
| **Please Check One** |
| [ ]  BCI (State of Ohio) [ ]  FBI (Federal) [ ]  BCI & FBI (BOTH)

|  |
| --- |
| **Applicant Information** |

 |

|  |  |  |  |
| --- | --- | --- | --- |
| Full Name: |   |  |  |
|  | First M.I. |  | Last |
| Home Phone: |  | Email: |  |
| SSN: |  |
| Reason For Background Check: |  |

|  |
| --- |
| **Direct Copy Sent to (Check One)** |
| [ ]  BMV Dealer Licensing | [ ]  Department of Education | [ ]  Ohio Pharmacy Board |
| [ ]  BMV Deputy Registrar | [ ]  Department of Insurance | [ ]  Ohio Racing Commission |
| [ ]  Child Care Center – Type A- ODJFS | [ ]  Ohio Department of Liquor Control | [ ]  Ohio Respiratory Care Board |
| [ ]  Ohio Board of Nursing | [ ]  Ohio Lottery Commission | [ ]  Ohio Social Work Board |
| [ ]  Ohio Construction Board | [ ]  Ohio Department of Public Safety | [ ]  Ohio Dietetic Board |
| [ ]  Other  |  | [ ]  None |  |
| **Name of Company Receiving Mailed Results** |
| Company Name: |  |
| Contact Name: |  |
| Address: |  |  |  |
|  | Street Address |  | Apartment/Unit # |
|  |   |
|  | City | State |  Zip |
| **DO NOT SIGN FORM UNTIL YOU HAVE SEEN A CIRCLEVILLE POLICE DEPARTMENT EMPLOYEE & VERIFIED ALL INFORMATION IS CORRECT.** |
| **By signing this form, the applicant acknowledges that all information on this form and entered by the Circleville Police Department employee is accurate. Any mistakes or errors on this form or entered by the Circleville Police Department employee are the responsibility of the applicant.** |
|  |
| Applicants Name (Please Print) | Applicants Signature | Date |
|  |
| Parent/Guardian’s Name (Please Print if under 18) | Parent/Guardian’s Signature | Date |

**Volunteer criminal check notice**

Ohio law requires that volunteers who will have unsupervised access to children
be provided this notice. As a volunteer who can have unsupervised access to
children, you might be required to provide a set of impressions of your fingerprints
and a criminal records check might be conducted with respect to you. If a criminal
records check is made, it would be to determine whether you have been convicted
of one or more offenses described in Division (A)(1) of section 109.572 of
the Ohio Revised Code. If a criminal records check is made and it shows that
you were convicted of one or more of these offenses, we may be required to
inform all parents and guardians of children to whom you have unsupervised
access concerning any such reported conviction, or such conviction may preclude you from participation as a volunteer.

We understand that this Ohio law is intended to upgrade the safety and protection
of our children, and not to discourage volunteer service. We would appreciate
your signing the receipt of this notice provided below, so that we may establish
our compliance with this Ohio law. Your Social Security number will be used
exclusively for the purpose of any background check, so as to avoid confusion
with persons who have similar names.

I acknowledge receipt of the Notice stated above this \_\_\_ day of \_\_\_\_\_\_,2018.

Print Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

And

Social Security Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

For Office or Staff use Only

Accepted By:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_