

ADDISON CENTRAL TEENS (ACT)

VOLUNTEER REGISTRATION FORM

Name: _____
(last) (first) (middle initials)

Address: _____
(street/rr) (town, state, zip)

Home telephone: _____ Work telephone: _____

Cell phone: _____ E-mail address: _____

Education: _____ DOB _____

Company/ Employer: _____

Work Address:

ABOUT YOU

Retired: _____ College Student: _____ Other: _____

What interests, training, skills and hobbies do you have?

Groups, clubs, organizational memberships:

Please tell us why you are interested in volunteering for ACT:

Please describe your prior volunteer experience (include organization names and dates of service):

The Addison Central Teen Center currently operates at the following days and times. Please indicate (circle) when you are available to volunteer. Thank you!

Monday: 3 p.m. - 4:30 p.m. or 4:30 p.m. - 6 p.m. Tuesday: 3 p.m. - 4:30 p.m. or 4:30 p.m. - 6 p.m.

Wednesday: 3 p.m. - 4:30 p.m. or 4:30 p.m. - 6 p.m. Thursday: 3 p.m.- 4:30 p.m. or 4:30 p.m. - 6 p.m.

Friday: 3 p.m. - 5:00 p.m. or 5:00 p.m. - 7:30 p.m. or 7:30 p.m. to 10 p.m.

ACT needs volunteers for a minimum of 2 hours/month; please indicate the total number of hours you wish to volunteer,
per week: _____ per month: _____ every other month: _____

I agree that my name and photographic image can be used in publicizing the work of the teen center.

Signature

Date

Have you ever been convicted of a crime (misdemeanor or felony)? Y / N. (If yes, please explain nature of crime and dates of conviction/disposition). **Note: Conviction of crime not automatic disqualification.**

REFERENCES

Please list two personal references.

Name/organization	Relationship	Phone	Length of relationship
-------------------	--------------	-------	------------------------

1. _____

2. _____

Please indicate whether you have undergone a background and/or criminal record check for any reason in the previous two years: Y / N. If yes, are you willing to permit the release of the results of that check to Addison Central Teens: Y / N. If yes, please list the entity for whom the background and/or criminal record check was performed, the approximate date of the check, and the name (and, if possible, the phone number or email address) of the contact person for the entity which conducted the check.

Entity conducting prior background and/or criminal record check: _____

Approximate date of prior background and/or criminal record check: _____

Contact person for entity which conducted check: _____

Phone number &/or email address of contact person: _____

RELEASE FOR CRIMINAL RECORDS/BACKGROUND CHECKS

I, _____, hereby acknowledge and agree that ACT may conduct checks of my background, any criminal records maintained by any state or national crime information centers or data banks, the Vermont Sex Offender Registry, and the Vermont Adult and Child Protective Services Registries. I understand and agree that the results will be made available to ACT. I further understand that I have the right to appeal the results of criminal record checks to the appropriate crime information centers or data banks.

Signature: _____ Date: _____

NOTE: The cost to ACT of obtaining a criminal records/background check is \$30.25 per volunteer. (\$15 for the Addison County Sheriff's Department for fingerprinting; \$15.25 for a national FBI record check). ACT hopes and encourages all volunteers to pay this cost, so that our limited funding can go to programming; but we understand if you are not able to do so. Please indicate if you are willing to donate the cost of your criminal records/ background checks: Y / N. If yes, please attach a check made out to ACT for \$30.25, with your Volunteer Registration Form, and indicate on the "memo" line that it is for your criminal records/background checks.

Your signature below indicates confirmation of each of the following: I have received and read the Handbook for Volunteers from ACT, and agree to adhere to the purposes and policies of the Addison Central Teen Center. I certify that I have and will provide information that is true, correct and complete to the best of my knowledge, throughout my volunteer commitment for ACT, including the information set forth in this registration. I understand the information contained on my application will be verified by ACT.

Signature: _____

Date: _____