THE GATE YOUTH CENTER

VOLUNTEER APPLICATION/BACKGROUND CHECK

This form is to be completed by all adults who volunteer at The Gate Youth Center. It is being used to help The Gate attempt to provide a safe and secure environment for students who participate in its programs, and to the extent possible, protect the volunteers who work with students. This information is to be kept confidential. In order to ensure the protection of children in the care of The Gate, policy requires prior to any and all persons providing a volunteer service at The Gate or any function conducted by The Gate; all potential volunteers complete a (fingerprint or State of Michigan ICHAT) background check and a sex offender registry check (NSOPW).

PERSONAL INFORMATION

Print Legal Name:_____
First Middle Last

Previous/Maiden Name:_____

Address: _____ City: _____ State:___ Zip Code:_____

How long at this residence? _____months/yrs Place of Birth: _____Date of Birth:_____

_ Male _Female _Prefer not to State Race: _____ Eye Color: _____ Height: _____

Email Address: :_____

Home Phone: _____ Cell Phone: _____

Are you a member at a church? If so, where?_____

List any previous work involving children/youth, identifying the place/organization, type of work, the dates and your responsibilities.

_____

_____

_____

Are you CPR/AED Certified? Y/N _____ If Yes, certification date:_____

Programs run Tuesdays/Thursdays from 3-5pm. Which days are you open/willing to volunteer?

☐Tuesday ☐Thursday ☐Other/ Special Events

You are **not** required to attend every program date, but we do encourage consistency. Roughly, how frequently do you plan to volunteer at The Gate?

☐ once per month ☐once per week ☐twice per week ☐other_____

HISTORY INFORMATION

Have you volunteered at The Gate before? Yes/No _____

Have you ever pled guilty, or been convicted of a felony in a state or federal court? Yes/No _____

Date and state offense/conviction occurred _____

If yes, provide a detailed description of conviction _____

_____

Have you ever pled guilty, or been convicted of a misdemeanor in a state or federal court? Yes/No _____

Date and state offense/misdemeanor occurred _____

If yes, provide a detailed description of the conviction _____

_____

Are you on the sexual offender registry? Yes/No _____ Child abuse registry? Yes/No _____

If yes to either, please provide a detailed description of the cause of your inclusion on the registry.

_____

Are you the subject of a current criminal investigation or have pending charges against you? Yes/ No _____
Date and state where the investigation is ongoing _____

If yes, provide a detailed description of the investigation or pending charges.

_____

The Gate reserves the right to approve or deny any volunteer upon the review of the background check returned. The determination will be based upon the individual's fitness to have responsibility for the safety and wellbeing of children. Providing false information or information contradicting the background check information is grounds for immediate volunteer denial from The Gate's program.

REFERENCE INFORMATION

Name of a Reference:_____ Relationship to Reference:_____

Phone & Email of Reference:_____

Name of a Reference:_____ Relationship to Reference:_____

Phone & Email of Reference:_____

Name of a Reference:_____ Relationship to Reference:_____

Phone & Email of Reference:_____

By signing your signature to this form, you acknowledge your statements are to be true and give full consent to complete the requested background checks.

Signature_____ Date_____

Printed Name_____