



BOYS & GIRLS CLUB

Volunteer Application

for the **Boys and Girls Club of Rosebud**
(Mission and Rosebud Units)

PO BOX 112
435 West 2nd. Street
MISSION SD 57555

605-856-4114 (Mission)
605-747-2097 (Rosebud)
605-747-4121 (Parmelee)

Contact Information

Full Name: _____

Address: _____

Phone number: _____

Emergency Contact Information

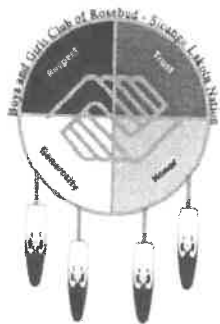
Name: _____

Relationship to applicant: _____

Phone number: _____

When are you available to volunteer? Please list days and hours you are interested in working.

Any special skills/ interests/ areas you would like to work?



CRIMINAL HISTORY AND BACKGROUND INQUIRY

Boys and Girls Club of Rosebud

435 West 2nd Street

PO Box 112

MISSION SD 57555

605-856-4114

In connection with my application as an employee or volunteer at the Boys & Girls Club of Rosebud, I understand that my name must be screened for substantiated reports of abuse or neglect in South Dakota and any other states in which I have resided since birth. My signature authorizes the Boys & Girls Club of Rosebud to search any information systems and any central registry for child abuse and neglect they may have, and review records, identified in the search, which may provide information relating to reports and investigations of abuse or neglect. My signature authorizes the release of any information found in these searches, including but not limited to substantiated incidents not on the central registry of child abuse and neglect, to the Boys & Girls Club of Rosebud.

FIRST NAME

MIDDLE NAME

LAST NAME

MAILING ADDRESS

SOCIAL SECURITY NUMBER: _____ - _____ - _____

DRIVERS LICENSE NUMBER: _____

CURRENT ADDRESS:

STREET / PO BOX CITY STATE ZIP CODE FROM (DATES) TO

Have you ever:

- | | YES | NO |
|--|--------------------------|--------------------------|
| Been Convicted of a felony or is there felony charges pending against you? | <input type="checkbox"/> | <input type="checkbox"/> |
| Been released from prison in the last seven years? | <input type="checkbox"/> | <input type="checkbox"/> |
| Had your name placed on a registry of child or adult abuse in this or any state? | <input type="checkbox"/> | <input type="checkbox"/> |
| Been found to have sexually abused or exploited or physically abused any child or adult? | <input type="checkbox"/> | <input type="checkbox"/> |
| Been denied a license to care for children? | <input type="checkbox"/> | <input type="checkbox"/> |

Agreement and Signature:

By submitting this application, I affirm that the facts set forth in this document are true and complete. I understand that if I am accepted as an employee/volunteer, any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal.

NAME (PRINTED) _____

DATE OF BIRTH (MM/DD/YYYY) _____

SIGNATURE _____

DATE _____



AUTHORIZATION AND RELEASE TO OBTAIN INFORMATION

Under the provisions of the Fair Credit Reporting Act, 15 USC, Section 1681 et seq., the Americans with Disabilities Act and all applicable federal, state, and local laws, I hereby authorize and permit VeriScreen, Inc. aka VeriRent to obtain a consumer report and/or an investigative consumer report which may include the following:

1. My employment records;
2. Records concerning any driving, criminal history, credit history, civil record, workers' compensation (post-offer only) and drug testing;
3. (For truck drivers only) In accordance with the Department of Transportation Motor Carrier Safety Regulations, Section 382.413, information concerning alcohol and controlled substances for the past 3 years;
4. Verification of my academic and/or professional credentials; and information and/or copies of documents from any military service records.

I understand that an "investigative consumer report" may include information as to my character, general reputation, personal characteristics, and mode of living, which may be obtained by interviews with individuals with whom I am acquainted or who may have knowledge concerning any such items of information. I am entitled to know if employment or promotion is denied because of information obtained by my prospective employer from a Consumer Reporting Agency.

I agree that a copy of this authorization has the same effect as an original and if my application is accepted I understand that VeriScreen will be allowed to perform a background check on a yearly/quarterly or during the process of determining a promotion, re-certification, continued qualification or as the result of reasonable suspicion. I understand and acknowledge that under provision of the Fair Credit Reporting Act I may request a copy of any consumer report from the consumer reporting agency that compiled the report, after I have provided proper identification.

I authorize VeriScreen, Inc. aka VeriRent to obtain and prepare an investigative consumer report as set forth above, as part of its investigation of my employment application. This authorization shall remain in effect over the course of my employment. Reports may be ordered periodically during the course of my employment. **NOTE:** Except for those states where an annual release is required, i.e. California (CALIFORNIA – Continuing consent concept is inapplicable and a separate authorization must be requested each time a report is ordered. - CA Civ. Code 1786.22)

New York and Maine applicants or employees only: You have the right to inspect and receive a copy of any investigative consumer report requested by the Company by contacting the consumer reporting agency identified above directly. You may also contact the Company to request the name, address, and telephone number of the nearest unit of the consumer reporting agency designated to handle inquiries, which the Company shall provide within 5 days.

New York applicants or employees only: Upon request, you will be informed whether or not a consumer report was requested by the Company, and if such report was requested, informed of the name and address of the consumer reporting agency that furnished the report. By signing below, you also acknowledge receipt of Article 23-A of the New York Correction Law.

Oregon applicants or employees only: Information describing your rights under federal and Oregon law regarding consumer identity theft protection, the storage and disposal of your credit information, and remedies available to you should you suspect or find that the Company has not maintained secured records is available to you upon request.

Washington State applicants or employees only: You also have the right to request from the consumer reporting agency a written summary of your rights and remedies under the Washington Fair Credit Reporting Act.

California applicants or employees only: By signing below you also acknowledge receipt of the Notice Regarding Background Investigation Pursuant to California Law. Please check this box and return this page if you would like to receive a copy of an investigative consumer report or consumer credit report at no charge if one is obtained by the Company whenever you have a right to receive such a copy under California Law.

Minnesota and Oklahoma applicants or employees only: Please check this box and return this page if you would like to receive a copy of a consumer report if one is obtained by the Company.

Full Name: _____

(Please print clearly)

Signature

Date

Address: _____ City: _____ State: ____ Zip: _____

International Address: If Applicable _____

DOB: _____ SS# _____ Driver's License Number: _____

Email: _____

Date of birth is being requested only for the purpose of identification in obtaining accurate retrieval of records, and will not be used for discriminatory purposes