

## Minors Program-Volunteer Application Form

(This document is to be used for any adult volunteering for a University program involving minors)

CONTACT INFORMATION (Please print or type the information clearly.)

Full Name:

Last \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_

Permanent Street Address/P. O. Box:

\_\_\_\_\_

City, State, ZIP:

\_\_\_\_\_

Local Street Address/P. O. Box:

\_\_\_\_\_

City, State, ZIP:

\_\_\_\_\_

Daytime Phone Number: \_\_\_\_\_ Evening Phone Number: \_\_\_\_\_

Cellphone Number: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

In case of an emergency, whom should we notify?

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Telephone: \_\_\_\_\_

\_\_\_\_\_

### PERSONAL INFORMATION

Sex: \_\_\_\_ Date of Birth: \_\_\_\_\_ (Month/Day/Year)

Note: All volunteers under 18 years old must also submit a Parental Consent Form.

### CRIMINAL HISTORY

Please list any arrest and convictions that you have had.

\_\_\_\_\_

\_\_\_\_\_

### VOLUNTEER ACTIVITY

Have you volunteered for any organization in the past?

YES NO

If yes, please list organization name(s), date(s), activity / nature of volunteer position(s), and the name and contact information of your supervisor(s).

Minors on Campus  
Volunteer Application Form

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Will your volunteer activities include work with children under 18 years old?  
YES    NO

Have you volunteered or worked with youth in the past?  
YES    NO

**VOLUNTEER LOCATION or PROGRAM INFORMATION**

Location or Unit Where Volunteering: \_\_\_\_\_

Sponsoring Organization (if applicable): \_\_\_\_\_

Program(s) (if applicable): \_\_\_\_\_

Are you the parent or legal guardian of any child(ren) involved in the unit or program?  
YES    NO

If yes, please specify the name of your child(ren).

\_\_\_\_\_

Briefly, explain your interest in volunteering.

\_\_\_\_\_

**EDUCATION / TRAINING AND SPECIALIZED SKILLS**

High School    College Graduate School    Military    Other:

Name of Institution:

\_\_\_\_\_

Degree(s) Received:

\_\_\_\_\_

Certifications(s): \_\_\_\_\_

Driver's License Type: \_\_\_\_\_

First Aid    CPR    Other: \_\_\_\_\_

Special Skills (Describe any special skills, e.g. art, writing, computer, foreign languages, coaching, crafts, etc.)

[adapt to nature of position]

\_\_\_\_\_

Minors on Campus  
Volunteer Application Form

EMPLOYMENT INFORMATION

Current Employer

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Current Job Title

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Name & telephone number of current supervisor

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REFERENCE

Name:

Last \_\_\_\_\_ First \_\_\_\_\_

Professional Title:

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Daytime Phone Number: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

PLEASE READ CAREFULLY

I certify that the information provided on this volunteer application is true and any misrepresentation provided on this form may result in my immediate termination as a volunteer. I am authorizing the Shawnee State University to contact my current employer and former volunteer organizations for references. If selected, I will comply with all requirements of my supervisor and acknowledge that the university may, at its discretion, terminate my participation in the volunteer program at any time. I understand that the university will perform a background check on me and I will be asked to provide authorization for this background check.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_