

HOMESCHOOL CHRISTIAN YOUTH ASSOCIATION

Volunteer/Staff Application and Registration Form

The Homeschool Christian Youth Association (HCYA) requires this form and the pertinent data requested for all who are volunteers and/or staff on a regular basis. Your service as an HCYA Volunteer or Staff person is important, valuable, and very much appreciated. Certain administrative matters will be facilitated by the data requested. The purpose of the form is to accomplish and establish the following: **Medical Release and Liability, Certification, Consent for Criminal Background Check, Authorization, Waiver, Release, and Indemnity.**

(Please Print All Information)

Full Legal Name: _____

Nick Name(s): _____

Address: _____

Former Address, if you have lived at current address less than five years:

Email Address: _____

Home Phone Number: _____

Work Phone Number: _____

Cell Phone Number: _____

Driver's License No.: _____ State _____ Expiration _____

Social Security No.: _____ US Citizen? Yes ___ No ___

DOB (MM-DD-YYYY) _____ Place of Birth (City, State) _____

Describe your prior experience in working with youth:

Describe your prior experience in working with youth sports activities:

Have you ever been convicted of a felony or a misdemeanor? Yes ___ No ___

Has any court ever received a plea of guilty or *nolo contendere* from you for any offense?
Yes ___ No ___

Have you ever voluntarily resigned, been removed from a position of authority, or been arrested for moral turpitude or dishonesty? Yes ___ No ___

Please provide an explanation for any “yes” response above:

The Homeschool Christian Youth association (HCYA) has a deliberate concern about the safety and abuse of children. As a person who is interested in the well being of children, we believe you are entitled to know how our organization is dealing with this critical issue. In addition, as an applicant for a volunteer/staff position with our organization, you need to know the measures we will employ to protect children in our care, as well as our volunteers and staff, from this serious problem.

It is HCYA’s intent to make every reasonable effort to deny from participation any person who has been convicted of a crime of violence or a crime against another person that would bring unnecessary risk to the health or safety of any participant in any of HCYA’s various programs. We will attempt to screen out molesters through a background check. We try to structure our activities so that volunteers/staff are not left alone with children. We will take any allegations by children and others very seriously. We will refer allegations to the State law enforcement authorities for investigation and will fully cooperate in any investigation.

I certify that all of my statements on this application, the information provided, and any attachments hereto, are true and complete to the best of my knowledge. I also certify that I have not withheld any information that would affect my application unfavorably, if disclosed. I understand that any omission of facts or misrepresentation will result in my elimination from consideration for any volunteer or staff position with HCYA, or following acceptance of service, may be cause for the immediate termination of my relationship with HCYA. I further certify that I understand the intent of HCYA is to deny a position to anyone convicted of a crime of violence or a crime against another person.

I acknowledge that HCYA will, and hereby give my unconditional permission to HCYA, inquire as deemed necessary into my prior employment, my experience, my relationships with others, and my background, including criminal background checks which may contain arrest and conviction data, plea bargains, and any type of probation including deferred adjudication or "pre-trial diversion." I give my permission for HCYA to obtain information relating to my criminal history record from a background check vendor and/or licensed private investigator. I understand that this information will be used, in part, to determine my eligibility for a staff/volunteer position with the HCYA organization. I also understand that as long as I remain as an employee or volunteer here, the background history checks may be repeated at any time. I understand that a procedure is available for clarification and that I will have an opportunity to provide evidence which would correct the criminal history if I dispute the record as received.

I hereby waive any right to assert that such investigation or request constitutes an invasion of my privacy. I recognize that such inquiries are in the interest of all persons involved in HCYA activities, and I fully consent to such investigation. I, the undersigned, for myself, my heirs, executors, administrators, and representatives, do hereby remise, release, and forever discharge and agree to indemnify and hold harmless any involved background check vendor and/or licensed private investigator, HCYA, its directors, officers, employees, volunteers, agents and representatives, its affiliates and sponsors, and their directors, officers, employees, volunteers, agents and representatives, as well as, any third parties, if any, that HCYA contracts, directly or indirectly, regarding my application to, or future services with, HCYA, from and against any and all causes of actions, suits, liabilities, cost, debts, and sums of money, claims and demands whatsoever, and any and all related attorneys' fees, court costs, and other expenses resulting from the investigation of my background in connection with my application to become a volunteer/staff member.

I further agree to conform to the rules, regulation, and policies of HCYA, and I understand that my service/employment and compensation, if any, can be modified or terminated, with or without notice or cause, at any time, at the option of either HCYA or myself. I understand that no representative of HCYA has the authority to enter into any agreement for service/employment for any specified period of time, or to make any agreement contrary to the foregoing. I understand and agree that HCYA may, in its sole discretion, decline to accept my application for volunteer/staff services with or without cause.

I agree that I will abide by the rules of HCYA and, if any, its affiliates or sponsors. Recognizing the possibility of physical injury and in consideration for HCYA accepting me as a volunteer or

staff person for one or more of the HCYA programs or activities, I hereby release, discharge and/or otherwise indemnify HCYA and, if any, its affiliates and sponsors, their employees and associated personnel, including the owners of fields and facilities utilized in or for any of the HCYA programs or activities, against any claim by or on behalf of me as a result of my participation in the programs or activities of HCYA and/or being transported to or from the same, which transportation hereby authorize.

In the event of a medical or dental emergency concerning myself, I authorize any other HCYA volunteer or staff person to engage such, and I request and authorize physicians, dentists, and staff, duly licensed as Doctors of Medicine or Doctors of Dentistry or other such licensed technicians or nurses, to perform any diagnostic procedures, treatment procedures, operative procedures, and x-ray treatment of and for myself. I authorize the hospital or medical facility to dispose of any specimen or tissue taken from myself as a result of any treatment provided.

Signature _____ Date _____

Printed Name _____

Parent's Signature if volunteer is under age (18): _____

Parent's printed Name: _____