

HOBV Volunteer Application

A copy of valid government issued photo identification **must** be attached to complete this application.

Required fields are marked with an asterisk (*).

Name* _____ Date* _____

Address* _____

City* _____ State* _____ Zip* _____

Home Phone* _____ Business Phone _____

Date of Birth* ____ / ____ / ____ Social Security # _____

Occupation _____

Employer Name _____

Employer Address _____

ALL of the following questions require answers. Use extra paper to complete if additional space is required:

Special professional training, skills, hobbies: _____

Community affiliations (Clubs, Service Organizations, etc.): _____

Previous HOBV volunteer experience: _____

Do/did you have children attending a HOBV seminar?: Y ___ N ___

Special Certification (i.e. CPR, Medical, etc.): _____

Have you ever been convicted of or plead guilty to any crime(s): Y ___ N ___

If yes, describe each in full: _____

Have you ever been refused participation in any other youth programs? Y ___ N ___

If yes, explain: _____

Read through carefully and then sign below if you agree:

As a condition of volunteering, I give permission for the Hugh O'Brian Youth Leadership (HOBV) to conduct a background check on me, which may include a review of sex offender registries, child abuse and criminal history records. I understand that, if appointed, my position is conditional upon HOBV receiving no inappropriate information on my background. I hereby release and agree to hold harmless from liability Hugh O'Brian Youth Leadership, the officers, employees and volunteers thereof, or any other person or organization that may provide such information. I also understand that, regardless of previous appointments, HOBV is not obligated to appoint me to a volunteer position. If appointed, I understand that, prior to the expiration of my term, I am subject to suspension by the President and removal by the Board of Directors for violation of HOBV policies or principles.

Applicant Signature _____ Date _____

Applicant Name (please print or type) _____

NOTE: Hugh O'Brian Youth Leadership will not discriminate against any person on the basis of race, creed, color, national origin, marital status, gender, sexual orientation or disability.

HOBV Use Only:

Background check completed on ____ / ____ / ____ . Valid ID attached ____

Company used for background check: _____

System(s) used for background check:

__ Sex Offender Registry __ Criminal History __ Other: _____

*Attach to this application copies of background check reports that reveal **convictions** of this applicant*