

# S.E.R.V. NIAGARA

**A COPY OF VALID GOVERNMENT ISSUED PHOTO IDENTIFICATION  
MUST BE ATTACHED TO COMPLETE THIS APPLICATION**

## **INTERN/VOLUNTEER APPLICATION**

Name (first/middle/last)	Date:
Street Address	Home Phone
City/State/Zip	
Occupation	Employer
Street Address	Business Phone
City/State/Zip	
Date of Birth	Social Security #
E-Mail Address	
Do you have a valid driver's license: Yes No	Has your driver license ever been suspended? Yes No
Driver's License #	State

## **EMERGENCY INFORMATION**

### **In case of emergency, contact:**

Name:	Relationship:
Work Phone:	Home Phone:

## **SKILLS AND INTERESTS**

Special professional training:
Hobbies, interests, skills:
Community affiliations (Clubs, Service Organizations, etc.):
Previous volunteer experience (What? Where?):
Please asterisk(*) all experiences where you worked with children and indicate age range.
Do you have children in a S.E.R.V. NIAGARA or KIDS BFF program? Yes No

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

Have you ever been convicted of or plead guilty to any crime(s): Yes No  
If yes, describe each in full including disposition:

Have you ever been refused participation in any other youth programs? Yes No  
If yes, explain:

Have you ever been charged with child neglect or abuse? Yes No  
If yes, explain:

Other than the above, is there any fact or circumstance involving you or your background that would call into question your being entrusted with the supervision, guidance, and care of young people? (If yes, explain below.)

Are there any conditions to be taken into consideration in arranging volunteer/intern assignments for on your behalf (physical, transportation, etc.)? Yes No  
If yes, explain:

Who or what prompted you to volunteer/intern with S.E.R.V. NIAGARA?

**EDUCATION**

Highest grade completed:

Last school attended:

Date completed:

## REFERENCES

Please list three references, other than family members (volunteers under age 18 may use up to 1 family member):

Name	Relationship
Street Address:	Phone
City/State/Zip:	
Name	Relationship
Street Address:	Phone
City/State/Zip:	
Name	Relationship
Street Address:	Phone
City/State/Zip:	

a. I understand that I am not an employee of S.E.R.V. NIAGARA and that any duties that I perform are as a volunteer/intern. I agree to abide by the procedures set forth by the agency for my assigned work duties. I also understand that it is my responsibility to update any address, emergency or other changes to the information on this form. \_\_\_\_\_(please initial)

b. As a condition of volunteering, I give permission for S.E.R.V. NIAGARA, 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 the agency receiving no inappropriate information on my background. I hereby release and agree to hold harmless from liability the agency, its officers, employees, and volunteers thereof, or any other person or organization that may provide such information. I also understand that, regardless of previous appointments, S.E.R.V. NIAGARA is not obligated to appoint me to a volunteer position or internship. If appointed, I understand that, prior to the expiration of my term, I am subject to suspension and removal for violation of agency principles. \_\_\_\_\_(please initial)

Applicant Signature:	Applicant Name (please print or type):
Parent/Guardian (if under 18 years of age):	Relationship:

*NOTE: S.E.R.V. NIAGARA will not discriminate against any person on the basis of race, creed, color, national origin, marital status, gender, sexual orientation, or disability.*

### Agency Use Only:

Background check completed by \_\_\_\_\_  
on \_\_\_\_\_.

System(s) used for background check (minimum of one must be checked):

\_\_\_\_\_ Sex Offender Registry    \_\_\_\_\_ Criminal History Records    \_\_\_\_\_ Department of Motor Vehicles