



CENTER FOR YOUTH DEVELOPMENT
YOUTH FITNESS MENTOR
APPLICATION

GENERAL INFORMATION (PLEASE PRINT)

Name: _____

Permanent Address: _____
Street City State Zip

Present Address: _____
Street City State Zip

E-mail: _____

Phone: _____

EDUCATION

High school diploma/GED? _____ College Graduate? _____ Major: _____

Currently enrolled in college? _____ Major: _____

EXPERIENCE

Please list your experience working with children including what activities you were involved in and how long your experience lasted:

What age group do you prefer to work with?: _____

Please explain why you want to become a NIFS Volunteer and what assets you bring with you.

REFERENCES

List two work/volunteer references (not related to you):

(1)Name: _____ Phone _____

How They Know You: _____

Email Address: _____

(2)Name: _____ Phone _____

How They Know You: _____

Email Address: _____



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BACKGROUND INFORMATION

Have you ever been convicted of a crime (other than minor traffic violations)? Yes___ No___

If yes, please state offense, date and location.

Have you ever been arrested for or convicted of a crime involving child neglect, child abuse or sexual misconduct with a child? Yes___ No___

If yes, please state date, location, and nature of alleged offense.

Have you ever had a report filed against you with any government agency alleging facts involving child neglect, child abuse or sexual misconduct with a child? Yes___ No___

If yes, please state date, name of agency and nature of report.

Have you ever been disciplined in or discharged from any paid or volunteer employment because of a complaint made against you involving child neglect, child abuse or sexual misconduct with a child? Yes___ No___

If yes, please state date, name and address of employer and nature of complaint.

Have you ever had a report filed against you with any governmental agency alleging facts involving discrimination? Yes___ No___

If yes, please state date, name of agency and nature of report.

I hereby authorize you to check the references I have provided; I further authorize these references to release to you information that they have about me. I understand that criminal background checks may be required by state or federal law for persons serving children. A consent form will be provided if applicable.

I understand that any misrepresentation, omission, or falsification of any fact from this application will be cause for rejection of this application or dismissal from volunteer services.

I also understand that acceptance for volunteer services is subject to verification of references.

Print Name: _____ Date: _____

Signature: _____

OFFICE USE ONLY

Application review: ___/___/___ by _____

Registered offender screen: ___/___/___ by _____

Application APPROVED/REJECTED: ___/___/___ by _____