

# SouthEast Neighborhood Community Center Volunteer Child Worker Application

(Please print legibly. All information given will be kept strictly confidential and only reviewed by those persons having authority to do so.)

Today's Date:      /      /       
                  mm    dd    yyyy

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ M.I: \_\_\_\_\_

Address: \_\_\_\_\_ Apt: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

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

Date of Birth: \_\_\_\_\_ Soc. Sec.#: \_\_\_\_\_

Drivers Lic.#: \_\_\_\_\_ Issuing State: \_\_\_\_\_

Previous Volunteer Experience and Training: \_\_\_\_\_

---

---

---

How many hours per week are you available for this position? \_\_\_\_\_

How many days per week are you available for this position? \_\_\_\_\_

Have you ever been convicted of, or pled guilty to or no contest to a crime other than a traffic violation, or are you now under charges for any criminal offense? A criminal conviction will not necessarily disqualify you from consideration.

\_\_\_\_ Yes

\_\_\_\_ No

If yes please explain in detail: \_\_\_\_\_

---

Attach another sheet if nessasary.

**References:**

Please list three (3) personal references (people not related to you).

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

**Background Investigation Consent:**

I, \_\_\_\_\_, hereby authorize the SouthEast Neighborhood Community Center and/or it's agents to make an independent investigation of my background, references, character, past employment, education, criminal history and/or police records, including those maintained by both public and private organizations and all public records for the purpose of confirming information contained on my application and/or obtaining other information which may be material to my qualifications for service with the SouthEast Neighborhood Community Center. I release the SouthEast Neighborhood Community Center and/or it's agents and any person or entity, which provides information pursuant to this authorization, from any and all liabilities claims or law suits in regards to the information obtained from any and all of the above referenced sources used.

\_\_\_\_\_ signature of applicant \_\_\_\_\_ date

References and background checked \_\_\_\_\_ by \_\_\_\_\_ Date: \_\_\_\_\_

Please return to: SouthEast Neighborhood Community Center  
410 19<sup>th</sup>. St. SE  
Salem, OR 97301  
Phone (503)362-6626