

Please list three references. None of these should be family members.

Name: _____

Address: _____

City/State/Zip: _____

Phone: (____)-____-____ Home Cell Work

How long have you known this person? _____ Relationship to you: _____

Name: _____

Address: _____

City/State/Zip: _____

Phone: (____)-____-____ Home Cell Work

How long have you known this person? _____ Relationship to you: _____

Name: _____

Address: _____

City/State/Zip: _____

Phone: (____)-____-____ Home Cell Work

How long have you known this person? _____ Relationship to you: _____

Code of Conduct for the Protection of Children and Youth *Read & initial each item to signify your agreement to comply*

_____ I agree to do my best to prevent abuse and neglect among children & youth involved in activities at which I volunteer.

_____ I will not verbally, physically, sexually or emotionally abuse or neglect a child or youth.

_____ I will not touch a child or youth in a sexual or inappropriate manner.

_____ I will not strike, spank, shake, slap, humiliate, ridicule, threaten or degrade any children or youth.

_____ I will refuse to give expensive gifts to or receive expensive gifts from children or youth or their parents without prior written approval from the parents or guardians AND the board of Right to Life of Northeast Ohio.

_____ I acknowledge my obligation and responsibility to protect children and youth and agree to report known or suspected abuse of children or youth to appropriate organization leaders and to civil authorities. I understand that failure to report suspected abuse may be, according to the law, a misdemeanor.

_____ I understand that this organization will not tolerate abuse of children and youth and I agree to comply in spirit and in action with this position.

_____ I will cooperate fully in any investigation of abuse of children and/or youth.

_____ I will treat everyone with respect, loyalty, patience, integrity, courtesy, dignity and consideration.

_____ I will use positive reinforcement rather than criticism, competition or comparison.

_____ I will not smoke or use tobacco products in the presence of children or youth.

_____ I will not use, possess, or be under the influence of alcohol or illegal drugs at any time while volunteering.

_____ I will not pose any health risk to children or youth.

_____ I will not use any profanity in the presence of children or youth.

_____ I agree to abide by the *Right to Life of Northeast Ohio Policy for the Protection of Children & Youth*.

Acknowledgement, Release and Signature

To the best of my knowledge, the information contained in this application is complete and accurate. I understand that providing false information is grounds for not choosing me for a volunteer position or for my discharge if I have already been chosen. If chosen to volunteer, I agree to be bound by the *Right to Life of Northeast Ohio Code of Conduct for the Protection of Children and Youth*. I understand that these may be changed, withdrawn, added to or interpreted at any time at *Right to Life of Northeast Ohio's* sole discretion and without prior notice to me. I also understand that my volunteering may be terminated, or any offer or acceptance of volunteering withdrawn, at any time, with or without cause, and with or without prior notice at the option of *Right to Life of Northeast Ohio* or myself. Nothing contained in this application or in any pre-volunteering communication is intended to or creates a contract between myself and *Right to Life of Northeast Ohio* for volunteering or the providing of any benefit.

I have read and understand the above provisions.

Signature

Date

Disciplinary and Legal Background

- 1. Yes No **Have you ever been convicted of a criminal offense (felony or misdemeanor, except for a minor traffic violation)?** You will need to answer "yes" if you have entered into a plea agreement, including a deferred sentence or deferred judgment arrangement, in connection with a criminal charge. If you have been convicted of such an offense, please attach a statement of explanation, including the nature of the offense, date, court where conviction was entered, and any other relevant information. You do not need to disclose information contained in sealed or expunged records.
- 2. Yes No **Have you ever been charged with a sexual offense, offense relating to children, or crime of violence?** If you have been convicted of such an offense, please attach a statement of explanation, including the nature of the offense charged, date, law enforcement agency making the charge, and any other relevant information. You do not need to disclose information contained in sealed or expunged records.
- 3. Yes No **Have you ever been reported to a social service agency, law enforcement authority, child abuse registry, or similar organization?**
- 4. Yes No **Have you ever been subjected to expulsion, reprimand or other discipline by a youth related organization or sponsor?**
- 5. Yes No **Have you ever been the subject of a civil lawsuit involving sexual misconduct, sexual harassment or other immoral behavior or conduct involving adults or children?**
- 6. Yes No **Have you ever been the subject of a complaint or disciplinary proceeding against a professional license or other license held by you, including but not limited to a license to provide childcare or similar services?**
- 7. Yes No **Have you ever been the subject of any disciplinary action, transfer, or dismissal, or been named as a defendant in a civil or criminal lawsuit, as a result of an accident or mishap involving children?**

THIS SECTION TO BE COMPLETED BY ANYONE WHO HAS CURRENT (WITHIN THE PAST 5 YEARS) VIRTUS OR OTHER RECOGNIZED CHILD ABUSE TRAINING PROGRAMS, AND HAS A CURRENT CRIMINAL BACKGROUND CHECK (WITHIN THE PAST 5 YEARS).

I completed my child abuse training course at _____ in _____.
location year

Name of training program: _____
(eg.: Virtus)

My criminal background check is on file with: _____ (____) - ____ - ____
name of school, church or organization Phone # for verification

AUTHORIZATION AND REQUEST FOR CRIMINAL RECORDS CHECK

I hereby authorize *Right to Life of Northeast Ohio* to request any local, state or federal law enforcement department or other agency to release information regarding any record of any investigations, charges or convictions contained in its files, or in any criminal file maintained on me, whether said file is a local, state, or national file, and including but not limited to accusations and convictions for crimes committed, against minors, to the fullest extent permitted by local, state and federal law. A photocopy or fax of this authorization and request of information shall be valid as the original. I release any and all law enforcement departments, agencies, and their employees from all liability that may result from any such disclosure made in response to this request. I also give my permission for this information to be shared with those persons who will participate in making decisions with respect to my application. I understand that all results will remain **confidential**. I do hereby agree to forever release and discharge *Right to Life of Northeast Ohio* and their associates and all such individuals and organizations to the full extent permitted by law, from any claims, damages, losses, liabilities, costs and expenses, or any other charge or complaint arising from the retrieving and reporting of information.

Please list all address you have lived at in the past five years and the dates you lived at them:

Address	Dates
Address	Dates
Address	Dates
Address	Dates

List any other names that have been used, including nicknames, maiden names or previous married names:

Date of Birth: _____ **Place of Birth:** _____
MM/DD/YYYY

Social Security Number: _ _ - _ - _ _ _ _ _

Driver's License# : _____ **State of Issue:** _____ **Expiration Date:** _____
MM/DD/YYYY

Signature of Applicant _____
Date

PRINTED NAME