

Please provide 2 personal references (at least 18 years or older and not related to you) who are familiar with your character and your ability to work with children.

1) Name: _____ Phone #: _____
Address: _____
Relationship to Applicant: _____

2) Name: _____ Phone #: _____
Address: _____
Relationship to Applicant: _____

The questions below are required to ensure a safe and secure environment for our students. All information is CONFIDENTIAL and will not be shared with anyone. Thank you for answering them.

Have you ever been convicted for the use or sale of drugs?	Y	N
Do you habitually or excessively use alcohol?	Y	N
Do you use illegal drugs or controlled substances?	Y	N
Have you ever been convicted of sexual or abuse related crimes?	Y	N
Have you entered a plea of no contest or guilty to any criminal offense?	Y	N
Have you ever been a perpetrator or victim of physical abuse, neglect, sexual abuse, exploitation, emotional abuse, or deprivation of a minor?	Y	N
Have you ever allowed a minor to participate in illegal or immoral activities?	Y	N
Have your parental rights ever been limited or terminated by a juvenile court?	Y	N
Has your driver's license ever been suspended or revoked?	Y	N
Is there anything in your past that would call into question your ability to work with children?	Y	N
Do you have any impairments or medical conditions that would interfere with you performing any kind of work?	Y	N

If you answered "yes" to any of the above questions, please explain:

APPLICANT'S STATEMENT

RELATIONSHIP PARAMETERS

1. All activities must take place under SOLFUL supervision unless pre-approved and arranged by the program director.
2. The volunteer staff is never allowed to be alone in a closed area, or alone in a car, with a child from the neighborhood.
3. Field trips or special events can be pre-arranged and planned through SOLFUL Staff

Check the box to indicate that you have *read and agreed* to the above parameters

APPLICANT'S STATEMENT

The information contained in this application is correct to the best of my knowledge. I authorize any references or organizations listed in this application to give you any information they may have regarding my character and fitness for working with children, and I release all such parties from liability for any damage that may result from furnishing such information to you. I waive any right to inspect references provided on my behalf. I also authorize SOLFUL (Fullerton ACT) to run a background check on me if they choose to do so.

I understand that any personal information will be held in strict confidence.

I agree to hold Fullerton ACT and its partners, their boards and commissions, and their officers, agents and employees harmless from and against all claims, loss or liability of any kind or nature for any possible injury incurred during my volunteer service.

Signature

Date

*If you have any questions or would like more information, please contact us at:
Email: solful@fullertonact.com