For Office Use: \_\_\_\_\_\_\_\_\_\_\_\_Date Cleared Background Check

|  |
| --- |
| SOAR VOLUNTEER Application |
| Applicant Information |
| Name: |
| Date of birth: | Phone: | Mobile Phone: |
| Current Address: |
| Email address: |
| City: | State: | ZIP Code: |
| Employment Information |
| Current employer: |
| Employer address: | Position: |
| Phone: | E-mail: | Fax: |
| City: | State: | ZIP Code: |
| Emergency Contact |
| Name: |
| Address: | Phone: |
| City: | State: | ZIP Code: |
| Relationship: |
| **BACKGROUND EXPERIENCE**Please list any background experiences you have working with Adults with Developmental Disabilities |
|  |
|  |
|  |
| Special Talents To Teach or Lead WITH CLUB MEMBERSCheck any that apply |
| Hobby (list) | Art | Crafts | Dance Classes |
| Exercise Classes | Yoga | Music | Sports |
| Fishing | Biking | Cooking | Hiking |
| Church-related activities | Table Games | Technical  | Other |
| Special SKILLS or Talents To Assist with SOAR Operations Check any that apply |
| Technical | Clerical | Public Relations | Other |
| TIME COMMITMENT |
| How much time can you commit per week? \_\_\_\_\_\_\_\_\_\_ per month?\_\_\_\_\_\_\_\_\_\_\_\_\_ Time preferences (check all that apply): Weekdays \_\_\_\_\_ Weekends\_\_\_\_ Mornings\_\_\_\_ Afternoons\_\_\_\_ Evenings\_\_\_\_ |
| ACTIVITY PREFERENCES/VOLUNTEER TO ASSIST WITH CLUB MEMBERSCheck any that apply |
| Hobbies | Crafts | Dancing | Dances |
| Art | Music | Computers/Tech | Picnics |
| Games | Other |
| I would prefer not to be asked to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| RECOMMENDATIONS OF OTHER VOLUNTEERSList additional names and contact numbers on the back |
| Name: | Contact information: |
| Name:  | Contact information:  |
| FEE |
| No fee Required T-SHIRT SIZE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Signature |
| I verify that all information provided on this form is accurate.I agree that you may photograph or videotape me while participating in SOAR sponsored activities.  Further, SOAR retains the rights to use these images in any manner without compensation to me for promoting or reporting SOAR sponsored activities. I acknowledge that photographs or videos may be used in whole or in part and may be produced, duplicated, distributed and used for informational, promotional or other public purposes.  initial \_\_\_\_\_I recognize that some risk of bodily injury is possible in normal participation in SOAR’s activities. All volunteers assume all risks. I do hereby waive, release, absolve, indemnify, and agree to hold harmless SOAR (Social Opportunities & Active Recreation, Inc), its sponsors, community partners, volunteers and/or participants for any claim arising out of an injury that I might incur, whether the result of negligence or any other cause, in my role as a SOAR volunteer. initial\_\_\_\_\_ |
| Signature of applicant: | Date: |

Thank you for your willingness to help provide social and recreational activities for our community's neighbors with developmental disabilities! SOAR requires that all volunteers working directly with it’s Club Members undergo a criminal background check. We are certain that you agree that all risks should be minimized when bringing vulnerable, disabled individuals into contact with volunteers. We are asking that you provide the information below so that we can complete the required background check. This inquiry will be for records of criminal behavior ONLY and will not include credit or employment information of any kind. SOAR assures that this information will only be shared with ClearStar, Inc. for the purposes of the background check and after completion of the check, this form will be shredded and no records including your social security number will be kept on file. No future criminal background checks will be conducted without your permission.

**Social Opportunities & Active Recreation, Inc.**

P.O. Box 21672 St. Simons Island, GA 31522

912-434-3484 soarsega1@gmail.com

**Together, We SOAR!**

\***Please read and complete the ClearStar, Inc. criminal background check authorization attached to this form and submit with this application.**

***Criminal Background Check Information***

SOAR is contracting with ClearStar, Inc. to conduct criminal background checks for SOAR volunteers.

Please complete the following for the purposes of conducting a criminal background check with SOAR’s contracted agency, ClearStar, Inc. As stated above, once this information is submitted to ClearStar, Inc., for such purposes, this document will be destroyed. All information will remain confidential in the interim.

Last name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

First name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Street Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_State\_\_\_\_\_\_\_\_\_Zip Code\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Social Security number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Birth (month, day, year) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DISCLOSURE REGARDING BACKGROUND INVESTIGATION

Social Opportunities & Active Recreation, Inc. (SOAR) may obtain information about you for employment purposes from a third party consumer reporting agency. Thus, you may be the subject of a “consumer report” and/or an “investigative consumer report” which may include information about your character, general reputation, personal characteristics, and/or mode of living, and which can involve personal interviews with sources such as your neighbors, friends, or associates. These reports may contain information regarding your credit history, criminal history, social security verification, motor vehicle records (“driving records”), verification of your education or employment history, or other background checks. Credit history will only be requested where such information is related to the duties and responsibilities of the position for which you are applying. You have the right, upon written request made within a reasonable time after receipt of this notice, to request disclosure of the nature and scope of any investigative consumer report and a copy of any report about you. Please be advised that the nature and scope of the most common form of investigative consumer report obtained with regard to applicants for employment is an investigation into your education and/or employment history conducted by ClearStar, Inc. ("ClearStar"), 5955 Shiloh Rd East, Suite 104, Alpharetta, GA 30005,1-877-275-7099. The scope of this notice and authorization is all-encompassing, however, allowing the Company to obtain from any outside organization all manner of consumer reports and investigative consumer reports now and throughout the course of your employment to the extent permitted by law. As a result, you should carefully consider whether to exercise your right to request disclosure of the nature and scope of any investigative consumer report.

Your signature below authorizes ClearStar, Inc. to perform a criminal background check.

EMPLOYMENT BACKGROUND CHECK ACKNOWLEDGEMENT AND AUTHORIZATION

|  |
| --- |
| I acknowledge receipt of the DISCLOSURE REGARDING BACKGROUND INVESTIGATION and A SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT and certify that I have read and understand both of those documents. I hereby authorize the obtaining of “consumer reports” and/or “investigative consumer reports” by the Company at any time after receipt of this authorization and throughout my employment, if applicable. To this end, I hereby authorize, without reservation, any law enforcement agency, administrator, state or federal agency, institution, school or university (public or private), information service bureau, employer, or insurance company to furnish any and all background information requested by ClearStar, Inc. 5955 Shiloh Rd East, Suite 104, Alpharetta, GA 30005, 1-877-275-7099, another outside organization acting on behalf of the Company, and/or the Company itself. Their Privacy Policy can be reviewed at http://www.clearstar.net/privacy-policy/. I agree that a facsimile (“fax”), electronic or photographic copy of this Authorization shall be as valid as the original. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Print your name  |
|   |
|  |