

Joint Recreation Commission for Lancaster County
POB 243 Lancaster, SC 29721
803-285-5545 803-285-8486

YOUTH VOLUNTEER APPLICATION FORM

This form and the information contained within shall be confidential for the use only of the Joint Recreation Commission for Lancaster County. The purpose of this form is to obtain information concerning a potential youth volunteer. The Joint Recreation Commission for Lancaster County hereby notifies the below applicant, background checks may be conducted. Your cooperation in completing the following information is appreciated.

Date of Application _____

Name of applicant _____ **Date of Birth** _____
Please print name

Other Names (Maiden, alias ect) _____ **Sex** _____

Social Security Number _____ **Drivers License #** _____ **State** _____

Home Address _____ **Home Phone** _____
POB or street apt #

_____ **Work Phone** _____
City State zip code

Previous Addresses _____
List all of the past 5 years Use other sheet if necessary POB or street apt #

_____ City State zip code

Present Employer _____ **Name of Supervisor** _____
Name of company

_____ Address City State ZIP

Date of Employment _____ **Phone number at work** _____

Past Employer _____ **Name of Supervisor** _____
Name of Company

_____ Address City State ZIP

References _____
List 3 not related Name Address Phone

_____ Name Address Phone

_____ Name Address Phone

Youth Volunteer Application Form

Please answer the following questions.

Have you ever been arrested, charged, or convicted of a crime? _____

If yes please explain details _____

Have you ever been involved in an incident involving child abuse or neglect? _____

If yes please explain details _____

Have you ever had or do you have a problem with drugs and/or alcohol? _____

If yes please explain details _____

Why do you want to volunteer? _____

Position desired? Head Coach ect, _____

What experience do you have working with children? _____

List the sports you have coached. _____

List any formal training you have received in coaching. _____

List any formal training you have received in CPR and first aid. _____

Printed Name _____ **Date** _____

Signature _____