



PRIDE Circle Volunteer Profile & Application

1. BACKGROUND INFORMATION

Name: _____ Gender: _____
 Address: _____ City: _____ State: _____ Zip: _____
 Home Phone: (____) _____ Cell Phone: (____) _____
 Email Address: _____ Date of Birth: _____
 Marital Status: _____ Spouse's Name: _____
 Children's Names: _____ Age: _____
 _____ Age: _____
 _____ Age: _____
 _____ Age: _____
 Previous last names used: _____

2. RESIDENCES

Please list all residences in the last 5 years:

Address/City/State	Dates
_____	_____ to _____
_____	_____ to _____
_____	_____ to _____
_____	_____ to _____
_____	_____ to _____

3. EDUCATION

High School: _____ City/State: _____
 Dates Attended: _____ to _____ Graduated? _____
 Post-High School: _____

School	Major	Dates Attended	Degree
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

4. JOB HISTORY

Present Occupation: _____ Dates: _____ to _____
 Work Days/ Hours _____
 Employer: _____
 Phone: (____) _____ Ext. _____ Name of Supervisor: _____
 May we call you at work? _____ If not, why? _____
 May we contact this employer as a reference? _____ If not, why? _____



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Last 2 jobs:

Position _____ Dates: _____ to _____

Employer: _____

Phone: (____) _____ Ext. _____ Name of Supervisor: _____

May we contact this employer as a reference? _____ If not, why? _____

Position _____ Dates: _____ to _____

Employer: _____

Phone: (____) _____ Ext. _____ Name of Supervisor: _____

May we contact this employer as a reference? _____ If not, why? _____

5. PREVIOUS APPLICATION

Have you ever previously applied to be a volunteer with this agency? _____

If yes, please explain: _____

6. REFERENCES

List 3 people you believe could speak to your character and fitness as a youth volunteer and whom you have known for more than one year. Include at least one non-family member.

• Name: _____ Relationship: _____

City, State: _____

Phone: (____) _____ Business Phone: (____) _____

• Name: _____ Relationship: _____

City, State: _____

Phone: (____) _____ Business Phone: (____) _____

• Name: _____ Relationship: _____

City, State: _____

Phone: (____) _____ Business Phone: (____) _____

7. Tell us why you'd like to volunteer with us (rank in order 1-5):

____ Want to help young people succeed

____ Want to give back to the community

____ Want to make a difference

____ Spiritual/religious motivation

____ Someone helped me when I was younger

____ Other _____

8. Tell us about your experience with youth:

9. Tell us about your experience and/or allyship with the Two-Spirit/ LGBTQ+ population:

10. Please outline what you hope to offer Two-Spirit/ LGBTQ+ youth in our program:

PLEASE READ BEFORE SIGNING:

Citizens For Safe Schools does not discriminate according to race, religion, physical handicap, sexual preference, gender or economic status.

I hereby apply for membership as a volunteer at Citizens For Safe Schools. I understand Citizens For Safe Schools will interview me about my background, motivation, expectations, and other personal qualities that might have a bearing on whether I would be an appropriate volunteer. I agree to undergo criminal background and reference checks so that Citizens For Safe Schools can determine my fitness as a youth volunteer. I understand that Citizens For Safe Schools will review these references and will investigate any and all facts concerning my qualifications for becoming a volunteer. I certify that all of the information provided by me in this application is complete, true and accurate. I acknowledge that intentional omission or falsification of information will be cause for refusal of placement or immediate dismissal at any time during the period of my placement.

I understand that the best interests of the children are the agency's first priority when selecting volunteers. Further, I understand that I am not obligated, if called upon, to perform the volunteer services applied for and Citizens For Safe Schools is not obligated to assign or to actively seek to assign me to a volunteer position.

I understand that the statements I make to the staff of the agency will be held confidential, unless disclosure is required by law. I understand that should I become a volunteer, disclosure to me of child abuse or molestation, past or present, or threat of harm to oneself or others are issues that must be reported to proper authorities.

I understand that if there are things about me that I do not want shared outside of Administration, it is my responsibility to discuss this with Citizens For Safe Schools staff.

I agree to keep any information discussed with me regarding all youth I encounter confidential. I will not discuss this information with any person other than the assigned professional staff of Citizens For Safe Schools.

I understand that my application will not be considered unless it is complete and signed and until the required supplemental information is submitted and completed.

I agree to notify Citizens For Safe Schools immediately of any changes in the information provided in this application, including, but not limited to my legal status, job change, address change, telephone, name change or marital status.

This application and any additional information gathered will remain the property of Citizens For Safe Schools.

Signature: _____ Date: _____

Printed Name of Applicant: _____

Citizens For Safe Schools Background Check

COMPLETE NAME _____
First Full Middle Last

ANY ALIASES _____

FULL ADDRESS _____

DATE OF BIRTH _____

SOCIAL SECURITY NUMBER _____

COUNTRY/CITY/STATE BORN _____

HEIGHT _____ WEIGHT _____ EYE COLOR _____

HAIR COLOR _____ ETHNICITY _____

During the last five (5) years, have you been outside of Oregon for 60 days or more in a row?
_____ YES _____ NO

Have you ever been charged, arrested and/or convicted of a crime? _____ YES _____ NO

*Please understand that by signing below you agree to a complete criminal and child welfare background check. Subsequent checks may also be conducted once you become a volunteer. Final designation as a volunteer will be determined by successful background check, references, compatibility with volunteer opportunities available and personal interview. **If you believe a flag may come up on your background check, please alert us with a brief explanation on a separate sheet of paper.***

Sign Full Name

Date

**Please submit to: Citizens For Safe Schools;
PO Box 243, Klamath Falls OR 97601
541-882-3198
info@citizensforsafeschools.org**



This application and all related information are and will remain the sole property of Citizens For Safe Schools. Receipt of this application does not create an obligation for Citizens For Safe Schools to provide applicants with a volunteer position.