

Chefsville

Official Volunteer Application (Complete BOTH Pages)

PLEASE NOTE: A copy of a valid government-issued photo identification must be attached to this application.

Name: _____ Date: _____ Special professional training, skills, hobbies: _____

Prior/Maiden Names or Aliases: _____

Address: _____ Community affiliations (Clubs, Service Organizations, etc.): _____

Telephone: _____ Email: _____

City: _____ State: _____ Zip: _____ Previous/current volunteer experience (e.g. baseball/softball and years): _____

Mailing Address (if different): _____

Do you have children in our programs? YES _____ NO _____

Previous states resided in the past 5 years: _____ If yes, at what? _____

Date of Birth: _____ Special Certification (i.e. CPR, Medical, etc.): _____
(mm / dd / yyyy)

Have you ever been convicted of a felony? YES _____ NO _____

Social Security Number: _____ If yes, provide your current legal status (parole, etc.) _____

Occupation: _____ Have you ever been convicted of **any** crime involving or against a minor?

Employer: _____ YES _____ NO _____

Address: _____ Have you ever plead guilty to, been convicted of or involved with any other type of crime?

Do you have a valid driver's license? YES _____ NO _____ If yes, explain: YES _____ NO _____

Driver's License#: _____ State: _____

Have you ever been refused participation in any other youth programs?

If yes, explain: YES _____ NO _____

In which of the following would you like to participate? ("X" one or more.)

Sponsorship : _____ Fundraising: _____ Board Member: _____ Sales & Venue Coord. _____ Instructor: _____

Office: _____ Events: _____ Writer: _____ Artist: _____ Media: _____

Other: _____

Privacy Policy: Your privacy is important to us. Chefsville does not sell or release contact information to any non-affiliated organization. However, Chefsville and its partners may contact you with essential program information as well as special offers and promotions. Please be advised that partners are not permitted to retain your information for non-Chefsville use unless you specifically grant them permission. Please contact Chefsville in writing for opt out information.

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Please list three references, aside from family members, at least one of which has knowledge of your participation as a volunteer in a youth program:

<u>Name:</u>	<u>Nature of Relationship:</u>	<u>Phone #:</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

I hereby swear and attest that all information provided on this application is true and complete to the fullest extent of my knowledge. If I am accepted as a volunteer, Chefsville may end the relationship immediately if I have made any false statements or material misrepresentations, written or verbal. As a condition of volunteering, I hereby grant permission to Chefsville to conduct a background check on me, which may include a review of database records including but not limited to sex offender registries, child abuse and criminal history records in compliance with Chefsvilles' child protection policy. I understand and agree that, if appointed, my position is conditional upon Chefsville receiving no inappropriate information on my background. I hereby release and agree to hold harmless from liability the local Chefsville, the officers, employees and volunteers thereof, and/or any other person or organization that may provide such information. I also allow Chefsville to use any media which includes me. This includes video, pictures, sound, and likeness to be used as Chefsville deems. I allow Chefsville to use me in any media.

I also understand that, regardless of previous appointments, Chefsville is not obligated to appoint me to a volunteer position. I understand that, prior to the expiration of my term, I am subject to suspension by the President and removal by the Board of Directors for any and all violations of Chefsville policies or principles. Furthermore, I hereby attest that all contact information provided herein is up to date and I hereby grant Chefsville and its partners permission to utilize such contact information for communications and promotions during my tenure as a volunteer.

Binding Arbitration Policy:

If appointed, I hereby understand and agree that any and all civil disputes by and between myself, Chefsville and any and all affiliated parties will be subject to binding arbitration in the locale of the Chefsville, principal office in Plano, TX in accordance with Texas law under the guidelines and rules of the American Arbitration Association. I hereby agree that this binding arbitration shall be in lieu of any litigation by and between myself, Chefsville and any and all affiliated parties. If any portion of this application shall be deemed unenforceable or invalid, this arbitration agreement shall still remain in full force and effect.

Applicant Signature

Date

Applicant Name (Print or Type): _____

NOTE: Chefsville will not discriminate against any person on the basis of race, creed, color, national origin, marital status, gender, sexual orientation or disability.

For Local Use Only. Below please print the **legal name** of the individual who performed the background check on the applicant and name of the local organization.

Background check completed by Chefsville officer: _____
or

Background check completed by venue officer: _____
or

completed by: _____ Date Completed: _____

System(s) used for background check (minimum of one must have "X"):

Online multistate database: _____ State/Federal Criminal History Records: _____ FEDERAL Sex Offender Registry _____ Other (please explain): _____
(Choicepoint, etc.)

** NOTE: A State Sex Offender Registry check alone is NOT sufficient to comply with Article 21 and MIUST be supplemented by one or more of the above

Camps, Classes and Workshops: You must maintain copies of background check results at the venue level for the duration of the volunteer's service.