

APPENDIX A1

**YOUTH INITIATIVE VOLUNTEER APPLICATION**

**I. PLEASE ANSWER THE FOLLOWING QUESTIONS:**

Please mark the box Yes or No next to each of the following.

- |     |    |  |
|-----|----|--|
| Yes | No | 1. Are you at least 18 years of age?   |
| Yes | No | 2. Are you willing to attend a training course about Delta's policies and procedures governing its youth initiatives and to keep current on updated policies?  |
| Yes | No | 3. Do you agree to complete the background screening procedure as outlined in Section II?  |
| Yes | No | 4. Have you ever been charged with, or convicted of any crime, including any misdemeanor or felony? If so, check "Yes" and provide details below. For each instance, provide the following information: (a) the relevant charges; (b) relevant dates; (c) identify the court(s) in which any proceedings were held; (d) supply the disposition related to all charges ( <i>e.g.</i> , acquittal; conviction; no contest; charges currently pending, etc.); and (e) list the punishment that was issued related to any convictions. |
| Yes | No | 5. Have you ever been investigated by state or federal authorities for child abuse or neglect? If so, provide details below, including (a) reason for investigation; (b) relevant dates; (c) relationship to child/children involved; (d) the agency or agencies that conducted the investigation; (e) the court(s) in which any proceedings were held; (f) results of investigation; (g) any punishment or other requirements imposed by the relevant authorities.  |
| Yes | No | 6. Have you ever been treated (outpatient or inpatient treatment) for any mental illness, psychiatric condition, or drug or alcohol addiction? If so, explain below, and provide applicable dates of treatment or hospitalization.   |
| Yes | No | 7. Have you ever been terminated from a paid or volunteer position? If so, explain below.  |
| Yes | No | 8. Other than the above, is there any fact or circumstance involving you or your background that would call into question your being entrusted with the supervision, guidance or care of young people?   |

Provide explanations below (attach additional sheets as necessary and reference the applicable question number).

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**Applicant Name:**

## I. SCREENING PROCEDURE

It is the policy of Delta Sigma Theta Sorority, Incorporated that each potential volunteer for any of its youth initiatives programs be screened by the Chapter. As part of the screening process, you are required to:

1. Complete this written application.
2. Consent to background screening, which includes: (a) state and federal criminal background checks, (b) search of state and federal sex offender registries.
3. Provide two personal references and two professional references.
4. Copy of driver's license or state issued identification.
5. Complete a personal interview.
6. Notify the Chapter immediately if convicted of an offense at any time after submitting this application.

## II. PERSONAL INFORMATION

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

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

Middle name: \_\_\_\_\_

Previous last names (maiden, previous married, etc.): \_\_\_\_\_

List any aliases or other names used: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Day \_\_\_\_\_ Month \_\_\_\_\_ Year

Current Driver's License No. \_\_\_\_\_ State: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: (Home) \_\_\_\_\_ (Cell) \_\_\_\_\_

(Work) \_\_\_\_\_ Email: \_\_\_\_\_

**INFORMATION RELEASE**

I, \_\_\_\_\_, hereby authorize the \_\_\_\_\_ Chapter of Delta Sigma Theta Sorority, Inc. (“Chapter”) to conduct background screening related to my application for a volunteer position with the Chapter’s youth initiative programs. The Chapter’s background screening procedures include the review of local, state, and nationwide criminal background checks; search of state and federal sex offender and child abuse registries and other databases and communication with personal and professional references.

I authorize the Chapter to obtain information necessary to complete its background screening procedures to be obtained from any relevant source, including federal, state, and local law enforcement agencies; searchable online official registries and databases; and individuals I have identified as personal and professional references.

I also authorize the Chapter to complete background screening on me on a triennial basis (every 3 years), for as long as I remain a volunteer, if I am accepted as a volunteer and serve for more than one year. I further agree to complete all requirements in order to facilitate the Chapter’s completion of such background screening.

I also agree that once accepted as a volunteer, I must notify the Chapter immediately if I am the subject of any pending charges and/or convicted of an offense at any time after submitting this application or being cleared as a volunteer. I also further acknowledge that a volunteer with pending charges relating to abuse, neglect, a drug related offense, any crime with the involvement of youth, termination from a paid or volunteer position related to misconduct with a youth, any crime involving violence or recent history of substance abuse, will be terminated as a volunteer.

Printed Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Dated: \_\_\_\_\_

**PROVIDE THE FOLLOWING INFORMATION**

Full Name: \_\_\_\_\_

Please list any other residential addresses you have had and dates of residency during the past 10 years.

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

From (mm/yy): \_\_\_\_\_ To (mm/yy): \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

From (mm/yy): \_\_\_\_\_ To (mm/yy): \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

From (mm/yy): \_\_\_\_\_ To (mm/yy): \_\_\_\_\_

I certify under penalty of perjury that the foregoing is true and correct.

Executed on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
(Signature)

**REFERENCES**

Please list the names, addresses, and phone numbers of four people you would like to use as character references (only people you have known for at least one year). Any information Delta Sigma Theta Sorority, Incorporated gathers from these references will be treated confidentially and will not be released to you, the applicant.

**Reference 1:**

Name: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone \_\_\_\_\_

Email: \_\_\_\_\_

Relationship: \_\_\_\_\_

How long known: \_\_\_\_\_

**Applicant Name:**

**Reference 2:**

Name: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone \_\_\_\_\_

Email: \_\_\_\_\_

Relationship: \_\_\_\_\_

How long known: \_\_\_\_\_

**Reference 3:**

Name: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone \_\_\_\_\_

Email: \_\_\_\_\_

Relationship: \_\_\_\_\_

How long known: \_\_\_\_\_

**Reference 4:**

Name: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone \_\_\_\_\_

Email: \_\_\_\_\_

Relationship: \_\_\_\_\_

How long known: \_\_\_\_\_

**Applicant Name:**