



VOLUNTEER APPLICATION

Please complete the Volunteer Application and sign the two (2) release forms. The Volunteer Application cannot be processed without the signed release forms. Also, please enclose a copy of a photo identification card that includes your full name and date of birth, car insurance, driver's record and the completed Reference Form along with the completed Volunteer Application. Please print in black or blue ink ONLY.

Volunteer Type:

Volunteer Mentor Intern Spiritual Development Tutor Staff Support

Note: A Mentor must commit to 17 months with their cadet.

Volunteer's Name:

Last Name: _____ First Name: _____ MI: _____

Statistical Data:

Gender: Female Male Date of Birth: ____/____/____

Social Security Number: _____ - _____ - _____

(Required for screening purposes in cases of duplicate names and/or date of births.)

Race/Ethnicity:

African-American American Indian/Alaskan Native Asian/Pacific Islander Caucasian
 Hispanic Multi-Racial Other: _____

Marital Status: Single Married Separated Divorce

Spouse's Name: _____ Age: _____

Do you have any children? Yes No If "Yes", how many children? _____

Personal Contact Information:

Home Phone: _____ Cellphone: _____

Work Phone: _____ May we call you at work? Yes No

Email Address: _____

Do you live in the youth's household? Yes No

Indicate number of miles you reside from youth's residence: _____

Physical Address: _____
Street *Apt./Lot No.*

_____ *City* *State* *Zip Code* *County*

Driving/Vehicle Information:

Driver's License State: _____ Number: _____

Vehicle Insurance Company: _____

Vehicle Insurance Policy No: _____



Please describe your driving record and any offenses.

Employment Information:

Employment Status: Full-time Part-time Volunteer Unemployed Retired

Occupation: _____ Employer: _____

Length of Employment: _____ Reason for Leaving: _____

Legal Information:

Have you ever been involved in, investigated, and/or arrested for and/or convicted of a crime at any age? Yes No

Date of Offense?	What state?	Description of offense?	Conviction? Yes/No



VOLUNTEER AUTHORIZATION TO RELEASE INFORMATION

Note: Furnishing this information is voluntary; however, not providing the information will result in your ineligibility to serve as a volunteer for the SCYCA Program.

I hereby authorize the Youth ChalleNGe Program, along with the South Carolina Law Enforcement Division, and other state agencies to conduct a state(s) criminal records and driver's license check, as well as a child abuse and neglect registry check.

I understand that this information is necessary to assist in determining my qualifications and suitability for the position I am seeking with the Youth Challenge Program.

I fully understand that this information collected may be of a sensitive, confidential, and privileged nature, and may reflect upon my suitability to be a SCYCA mentor.

I hereby release the Youth ChalleNGe Program and its agents from the liability and damage that may result from the exchange of requested information between law enforcement departments, other state agencies, and the Youth Challenge Program.

PRIVACY ACT STATEMENT

This application requires collection and maintaining information protected by the Privacy Act of 1974 Authorized by 10 U.S.C., Section 275, 10205; and Executive Order 9397.

Purpose: To maintain accurate and current data in the mentor personnel record.

Routine: Information may be disclosed to any Federal, state and local agencies in pursuit of their official duties. It may be used for other lawful purposes, including law enforcement background checks and litigation.

Full Name: _____

Any other name(s) used: _____

Date of birth: _____ Place of birth: _____

Gender: Male Female

Current state of residence: _____ Period of time: _____ County: _____

Other State (s) where you may have lived during the past five (5) years, beginning with the most recent first:

States	Periods of Time
	Month _____ Year _____ to Month _____ Year _____
	Month _____ Year _____ to Month _____ Year _____
	Month _____ Year _____ to Month _____ Year _____

Signature: _____ Date: _____



VOLUNTEER LIABILITY RELEASE

I understand and agree that I will be the one actually spending time with the cadet, and that I must exercise care in supervising the cadet while we are together. I also understand and agree that I am not a Youth Challenge Program agent, and that I am responsible for choosing and conducting all activities with my cadet, and that the Youth Challenge Program does not retain any power to control how these activities are conducted except to require these activities to be conducted in the State of South Carolina.

I, therefore, agree that the Youth Challenge Program will not be liable for, and I hold the Youth Challenge Program harmless from any liability, causes of action and losses imposed on it in any way relating to or arising out of this volunteer agreement, including, but not limited to, liability for personal injuries, whether the liability, cause of action, or loss is caused by my negligence, or Youth Challenge's negligence or otherwise.

I further release the Youth Challenge Program from any liability, claims, demands or actions or causes of action whatsoever arising out of any damage, loss or injury that I might incur while participating in any of the activities contemplated by this volunteer agreement, whether such damage, loss, or injury is caused by the negligence of the Youth Challenge Program, its officers, agents, servants, employees or otherwise.

Volunteer's Signature: _____

Volunteer's Printed Name: _____

Date: _____



REFERENCES

Please provide two (2) references that know you well. Each reference will need to complete one (1) of the attached Reference Forms. The Reference Forms will need to be completed and returned with the Volunteer Application via email, fax, or mail.

Reference 1

Name: _____

Address: _____

Home Phone Number: _____ Work Phone Number: _____

Email Address: _____

Relationship to you: _____

Reference 2

Name: _____

Address: _____

Home Phone Number: _____ Work Phone Number: _____

Email Address: _____

Relationship to you: _____

Return completed applications to:

South Carolina Youth ChalleNGe Academy
Attn: Mr. Marvin Ash II
5471 Leesburg Road, Bldg 3892
Eastover, SC 29044

Office: 803.299.4879

Fax: 888.316.8365

Email: ashml@scyouthchallenge.com

Website: www.scyouthchallenge.com



Mentors Please Fill Out This Page

Youth's Name: _____

Additional Information:

1. How do you know the youth?

Neighbor Church Member Friend of Family Coworker School Relative

Other: _____

2. How do you know the youth's parents and/or legal guardians?

Neighbor Church Member Friend of Family Coworker School Relative

Other: _____

3. List past experience(s) involving working with youth. _____

4. List your current volunteer commitments. _____

5. List your interests/hobbies/activities which can be shared with the youth. _____

6. Do you have any hesitations about potentially becoming a mentor in the SCYCA Program?

Yes No If "Yes", please explain. _____

7. Do you have any physical limitations or health concerns? Yes No

If "Yes", please explain. _____
