



## **SCULLY LEARNING CENTER FOUNDATION**

### **VOLUNTEER APPLICATION FORM**

Scully Learning Center Foundation (SLCF) requires volunteers to be involved with Developmentally Disabled youth and adults living in the Foothills area. Volunteers fill roles such as coaches, chaperones, mentors, team leader, and “experience” leaders. It is the policy of Scully Learning Center Foundation that any volunteer working with developmentally disabled youth needs to be background checked. All of the starred items on the application are needed to complete the background check.

This application to be a SLC volunteer must be completed and submit to:

Scully Learning Center Foundation  
PO Box 7920  
Cave Creek, AZ 85327

or electronically submitted to [Scullylcf@gmail.com](mailto:Scullylcf@gmail.com) prior to participation with SLC Foundation.

All pages of this application must be completed and the application must be signed and dated. If you have any questions email [Scullylcf@gmail.com](mailto:Scullylcf@gmail.com).

**SCULLY LEARNING CENTER FOUNDATION**  
VOLUNTEER APPLICATION FORM

I  
**\*Required for background check; cannot verify without this**

Please Print

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

\*Address: \_\_\_\_\_ \*City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Mailing Address (if different): \_\_\_\_\_ \*City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

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

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

\*Date of Birth \_\_\_\_\_ \*Social Security Number : \_\_\_\_\_

Occupation: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_

Emergency phone: \_\_\_\_\_

**Part II- Volunteer Interest-** please indicate the area(s) for which you would like to volunteer

- "Experience" leader \_\_\_\_\_ (please specify)  
 Chaperone  Mentor  Coach  Fundraising  Special Events  Public Relations  
 Other \_\_\_\_\_ (please specify)

**Part III- Previous Volunteer or Work Information**

Organization: \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ St \_\_\_\_\_ Zip \_\_\_\_\_

Contact Person: \_\_\_\_\_ Phone \_\_\_\_\_

Organization: \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ St \_\_\_\_\_ Zip \_\_\_\_\_

Contact Person: \_\_\_\_\_ Phone \_\_\_\_\_

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### Part IV- Background Information

- |   |   |                          |
|---|---|--------------------------|
| 1. Do you use illegal drugs?  | <input type="radio"/> Yes                 | <input type="radio"/> No |
| 2. Have you ever been convicted of a criminal offense?                    | <input type="radio"/> Yes                 | <input type="radio"/> No |
| 3. Have you ever been charged with neglect, abuse, or assault?            | <input type="radio"/> Yes                 | <input type="radio"/> No |
| 4. Has your driver's license ever been suspended or revoked in any state? | <input type="radio"/> Yes                 | <input type="radio"/> No |
| 5. Do you have a valid driver's license?                                  | <input type="radio"/> Yes                 | <input type="radio"/> No |
|   | Driver's License Number: _____            |                          |
| 6. Are you First Aide/CPR certified?                                      | <input type="radio"/> Yes                 | <input type="radio"/> No |
|   | If yes, please list expiration date _____ |                          |
| 7. Do you have a current fingerprint card?                                | <input type="radio"/> Yes                 | <input type="radio"/> No |

**Please read and sign below:**

- The relationship between SCL Foundation and volunteers is an "at will" agreement and this application may be denied or the relationship may be terminated for any reason.
- The information I have provided will be verified by a background check or any other means deemed appropriate and I give permission to SCL Foundation to make inquiry of others concerning my suitability to act as a SCL Foundation volunteer.
- In the course of volunteering for SCL Foundation, I may be dealing with confidential information and I agree to keep said information in the strictest of confidence.
- I grant SCL Foundation permission to use my likeness, voice and words in media or in any form to promote activities of SCL Foundation.
- I authorize SCL Foundation to periodically access and review state and federal criminal history records and make reasonable efforts to determine whether I have been convicted of, or under pending indictment for a crime that bears upon my fitness to be volunteer for this position of trust over individuals with disabilities and convey that determination to the qualified entity. I hereby release SCL Foundation, all persons, organizations, or government agencies from any damages of, or resulting from, furnishing such information.
- I have read and agree to the SCL Foundation Code of Conduct which refers to the volunteer position I am applying for.

**By signing, I affirm I have read the above and the information I have given is true and complete and I agree to abide by the guidelines and stipulations for behavior and activities by SCA Foundation.**

X \_\_\_\_\_  
Signature Date

**For SCL Foundation Board- Photo ID verification**

By signing, I affirm that all of Part 1 – general information to be truthful and I have verified the information with a current photo ID.

X \_\_\_\_\_  
Signature Date

Comments:

**For SCL Foundation Board-Background Check**

- Approved – No Restrictions
- Disproved

X \_\_\_\_\_  
Signature Date

Comments:

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## CODE OF CONDUCT

Scully Learning Center Foundation

As a Scully Learning Center Foundation (SLCF) volunteer, I agree that while serving as a volunteer, I will:

- Provide for the general welfare, health and safety of all SLCF participants and volunteers,
- Dress and act in an appropriate manner at all times.
- Follow the established rules and guidelines of SLCF and/or any agency involved with SLCF.
- Report any emergencies to the appropriate authorities after first talking immediate action to ensure the health and safety of all participants.
- Abstain from the consumption or use of alcohol, tobacco products and illegal substances while involved with any SLCF event.
- Not engage in any inappropriate contact or relationship with participants and volunteers of SLCF.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date