

# The GAP Network

Date \_\_\_\_\_

Legal Name (f) \_\_\_\_\_ (m) \_\_\_\_\_ (l) \_\_\_\_\_

Preferred First Name \_\_\_\_\_

Mailing Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

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

Emergency Contact: Name \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Preferred Day(s):  Monday  Tuesday  Wednesday  Thursday

Preferred Time(s):  10 a.m. to 12:30 p.m.  Noon to 3 p.m.  Both

How would like to help this organization? \_\_\_\_\_

\_\_\_\_\_

Skills \_\_\_\_\_

Hobbies \_\_\_\_\_

Interest \_\_\_\_\_

Past Volunteer Experience \_\_\_\_\_

\_\_\_\_\_

FOR OFFICE USE ONLY

Date Received \_\_\_\_\_ Received by \_\_\_\_\_

Reviewed by \_\_\_\_\_ Approved  Yes  No

# The GAP Network Criminal History Check

\*: Applications will not be processed until all sections are completed. The GAP Network has the right to refuse participation by an individual without demonstrating cause.

Legal Name: First _____ Middle _____ Last _____
List any and all other names you have previously used: _____ _____
Date of Birth: ____/____/____ Sex: <input type="checkbox"/> M <input type="checkbox"/> F
Driver's License # or ID # _____ State _____

Have you been arrested for a crime that has yet to be resolved?	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
If yes, please specify: State ____ Year ____ County ____ Offense _____				
Have you ever been convicted of any crime except a minor traffic violation?	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
Have you ever been convicted of a crime involving drugs or alcoholic beverages?	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
If yes, please specify: State ____ Year ____ County ____ Offense _____				
Have you ever been convicted of a crime involving violence, abuse, or threat of violence?	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
If yes, please specify: State ____ Year ____ County ____ Offense _____				
Have you ever been convicted of a sex-related crime?	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
If yes, did the crime involve force or minors?			<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, please specify: State ____ Year ____ County ____ Offense _____				
Other	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
If yes, please specify: State ____ Year ____ County ____ Offense _____				
Have you ever been asked to leave any employment or volunteer activity that involved contact with minors?	<input type="checkbox"/> Yes	<input type="checkbox"/> No		

I declare that my answers and all statements made by me are herein true and correct. All volunteers must sign the authorization below before the application can be processed. Your cooperation is greatly appreciated.

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_