



CENTER FOR YOUTH DEVELOPMENT YOUTH FITNESS MENTOR APPLICATION

GENERAL INFORMATION (PLEASE PRINT)

Name: _____
Last First Middle

Permanent Address: _____
Street City State Zip

Present Address: _____
Street City State Zip

Telephone: _____ Cell Phone: _____

E-mail: _____

EDUCATION

High school diploma/GED? Yes ___ No ___ College degree? Yes ___ No ___

Are you currently a student? Yes ___ No ___

EXPERIENCE

Do you have any experience working with children? Yes ___ No ___

If yes, please list the activities you have been involved in: _____

Are you CPR certified? Yes ___ No ___ Are you First Aid certified? Yes ___ No ___

Card expiration date: _____ Card expiration date: _____

REFERENCES: List three (3) individuals not related to you.

Name _____ Phone _____ Relationship _____

Address _____ City _____ State _____ Zip _____

Name _____ Phone _____ Relationship _____

Address _____ City _____ State _____ Zip _____

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YOUTH FITNESS MENTOR
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BACKGROUND INFORMATION

Have you ever been convicted of a crime (other than minor traffic violations)?

Yes ___ No ___

If yes, please state offense, date and location.

Have you ever been arrested for or convicted of a crime involving child neglect, child abuse or sexual misconduct with a child? Yes ___ No ___

If yes, please state date, location, and nature of alleged offense.

Have you ever had a report filed against you with any government agency alleging facts involving child neglect, child abuse or sexual misconduct with a child? Yes ___ No ___

If yes, please state date, name of agency and nature of report.

Have you ever been disciplined in or discharged from any paid or volunteer employment because of a complaint made against you involving child neglect, child abuse or sexual misconduct with a child? Yes ___ No ___

If yes, please state date, name and address of employer and nature of complaint.

Have you ever had a report filed against you with any governmental agency alleging facts involving discrimination? Yes ___ No ___

If yes, please state date, name of agency and nature of report.

I hereby authorize you to check the references I have provided; I further authorize these references to release to you information that they have about me.

I understand that criminal background checks may be required by state or federal law for persons serving children. A consent form will be provided if applicable.

I understand that any misrepresentation, omission, or falsification of any fact from this application will be cause for rejection of this application or dismissal from volunteer services.

I also understand that acceptance for volunteer services is subject to verification of references.

Print Name: _____ Date: _____

Signature: _____

OFFICE USE ONLY

Application review: ___/___/___ by _____

Registered offender screen: ___/___/___ by _____

Application APPROVED/REJECTED: ___/___/___ by _____