

Volunteer Application

All Applicants Must Be At Least 18 Years Of Age

Name of Applicant _____ Male or Female

Street Address _____ Apt # _____

City _____ State _____ Zipcode _____

Phone # _____ Cell # _____ Email _____

Background Information

Since you will be working with children, we must obtain some background information as well as perform a complete background check on all applicants 18 years of age or older. The approval of this application is based upon part or all information obtain in the background check.

Have you ever been convicted, plead guilty, plead no contest or had adjudication withheld on any misdemeanor or felony charge? Yes No

If yes, In what county? _____ what state? _____

Are there any criminal charges pending against you? Yes No

If yes, In what county? _____ what state? _____

Have you ever had any license, certification or employment suspended, revoked terminated or any volunteer application denied? Yes No

If you have answered yes to any of these questions, please describe in full the circumstances, dates and if applicable the resolutions:

PLEASE UNDERSTAND:

Before Unbridled Spirit can offer any volunteer approval, the applicant's background investigation must be checked and cleared. You must consent and agree to complete a full background check by filling out our Consent Form and Background Request Form. Application process will not be complete without completion of background check.

**Unbridled Spirit
Consent For Background Check**

I, _____ (please print name) hereby authorize Unbridled Spirit to obtain information pertaining to any charges or convictions of misdemeanors and/or felonies I have had for state and/or federal criminal violations. This information will include; but not limited to; allegations and convictions committed upon minors, and will be gathered from any and all Law Enforcement agency of any state or federal government agency.

I authorize all persons, public agencies, courts, schools, employers to supply Unbridled Spirit verification of the information provided in my application, including without limitations evaluations of my prior performance, and I hereby release them from all liability form them doing so.

The above information ans statements are true and complete.

Any false statements, information, misrepresentation, incomplete information in the application process including background information/checks, is alone grounds for application being denied. The information that I have provided may be verified by Unbridled Spirit by contacting the persons and organizations named in this application.

Signature of Applicant: _____ Date: _____

Print Full Name: _____

*All applications are screened without regards to age, race, religion, creed, national origin
ethnic background or sexual orientation.*

Unbridled Spirit is a SMOKE FREE, DRUG FREE and ALCOHOL FREE ENVIRONMENT!

**Unbridled Spirit
Background Investigation Consent Form**

Please fill out the below informations accurately and completely. Incomplete information delay your application or have your application be place in denial status.

Print Your Full Legal Name: _____

Current Street Address: _____

Current City: _____ **Current Zip Code:** _____

Previous Street Address: _____

Previous City: _____ **Previous Zip Code:** _____

Social Security #: _____ **Driver License #:** _____

Were you know by any other name than listed above? Yes No

If Yes, please list other name(s): _____

I, _____ hereby authorize Unbridled Spirit to conduct an independent investigation of my background, references, character, past employment, education, criminal/police records, this includes those maintained by both private and public organizations and all public records for the purpose of confirming the information I have supplied on my application and/or obtaining other information which may be material to my qualifications form volunteering with Unbridled Spirit.

I release Unbridled Spirit and any person or entity with Unbridled Spirit, which provides information pursuant to this authorization, from all and any liabilities, claims or law suits in regards to the information obtained from any and all of the above reference sources.

The following is my true and complete legal name and all information contained herein is true and correct to the best of my knowledge:

_____ _____
Applicants Name/Signature Date

_____ _____
Social Security Number* Date of Birth*

*NOTE: The above information is required for identification purposes only.