

# North Bingham County Historical Park

## BACKGROUND CHECK and Volunteer Application

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ MI \_\_\_\_\_

Maiden Name \_\_\_\_\_ Email \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ \*County of Residence \_\_\_\_\_

Home Phone (\_\_\_\_) \_\_\_\_\_ Cell phone (\_\_\_\_) \_\_\_\_\_ Birth date \_\_\_\_/\_\_\_\_/\_\_\_\_ Sex \_\_\_\_\_

Social Security No. \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Are you a legal U.S. resident? \_\_\_\_\_

Position applying for:

Administration  Events  Program  Fundraising  Maintenance  Grant Writing  Other

1. List any employment or volunteer experience that you have had working with youth, youth organizations and/or adult volunteers. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. List all previous residences (for last 5 years) Address City County State Zip  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. List three references that are familiar with your character as it relates to working with youth. (Please no relatives)

Name Address Phone Relationship/Position

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. Additional Information: Has anyone in your household been convicted of a sexual offense? YES NO If yes, please fill out the following: Name Date of Offense Relationship to You  
\_\_\_\_\_  
\_\_\_\_\_

Please circle "yes" or "no" to the following questions:

Do you use illegal drugs? YES NO

Have you ever been convicted of a criminal offense? YES NO

Have you ever been charged with child neglect or abuse? YES NO

Has your driver's license ever been suspended or revoked?

YES NO

Other than the above, is there any fact or circumstance involving you or your background that would call into question your being entrusted with the supervision, guidance, and care of young people? YES NO

If you answered yes to any of the above, or would like to explain additional issues that may appear on your background check, please explain below:

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The information obtained in this form is for the internal use of ID.E.A.S. only. By signing this Application for a volunteer position, I agree that I have read and understand the Application and attached information and agree to adhere to, subscribe to and comply with the Idaho Education Allegiance for Solution, Inc. ("ID.E.A.S.") Mission Statement, Oath, Creed, Statement of Faith and all other ID.E.A.S. rules, policies and procedures. I affirm that the information I have provided in this Application is true and correct and understand that the information may be verified, if necessary, by contacting any persons or organizations that may have information concerning me, and by conducting a criminal background check. I hereby release and agree to hold harmless from liability any person or organization that provides such information. I also agree to hold harmless from liability ID.E.A.S., Inc., the Charter Organization and their officers, directors, employees and volunteers.

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