



Volunteer Application /Screening Form

This application must be completed by all applicants for any position (volunteer* or compensated). This is not an employment application. Persons seeking employment will be required to provide additional information. This screening process is used to help the NSA provide a safe and secure environment for children, youth, and adults who participate in our programs.

Personal

Name _____
Last
First
Middle
(Maiden)

Address _____

_____ City State Zip

Home Phone (____) _____ Work Phone (____) _____

Emergency Contact _____ Phone (____) _____

Employer _____

Address: _____

City/State/Zip: _____

Phone: _____

How long at this employment? _____

If less than 6 months, please list previous employer:

Address: _____

City/State/Zip: _____

Phone: _____

Indicate what type of volunteer position you prefer:

	Held in Past	Wish to be Considered
Kids/TWST Chapter	_____	_____
Youth Day	_____	_____
Annual Conference	_____	_____
Adult Chapter	_____	_____
Other	_____	_____

Is your NSA membership current? ____ Yes Since _____ (year) ____ No

List other volunteer activities you have been involved in (NSA or otherwise) during the last five years:

Organization	Address	Involvement	From	To

Have you ever been refused participation in any other youth programs? ____ Yes ____ No

If yes, please explain:

List any skills, talents, hobbies, education, special training (CPR, medical, etc) or experiences that qualify you for the position you are seeking, including professional license or certification:

List any special certifications (i.e. CPR, Medical, etc) _____

List three personal references you have known for three years or more (not relatives or former employers)

1. Name _____ Daytime Phone _____
 Address _____
 City _____ State _____ Zip _____ Email _____
2. Name _____ Daytime Phone _____
 Address _____
 City _____ State _____ Zip _____ Email _____
3. Name _____ Daytime Phone _____
 Address _____
 City _____ State _____ Zip _____ Email _____

List your City, State, County and dates of residence for the past five years

City	State	County	Dates

Background Check Information

Because the National Stuttering Association cares for children, youth and adults and desires to protect them, we ask you to please answer the following questions. We understand that following questions are personal and we will take all reasonable precautions to protect your privacy.

Are you presently abusing alcohol or using any illegal drugs? _____ Yes _____ No

Have you ever been convicted of a felony? _____ Yes _____ No

Have you ever been convicted of **any** crime involving or against a minor? _____ Yes _____ No

Have you ever been convicted of or pleaded guilty or no contest to, placed on probation for, given community supervision, or given deferred adjudication for any crime? _____ Yes _____ No

Are you now under charges for any criminal offense? _____ Yes _____ No

Answering yes to any of these questions will not automatically exclude you from the program but please explain fully --- attach a separate page as necessary.

Volunteer Applicant Affidavit – Read carefully and *initial* each point!

_____The information contained in this application is correct to the fullest extent of my knowledge. If I am accepted as a volunteer, the NSA may end the relationship if I have made any false statements or material misrepresentations, written or verbal.

_____I understand that all criminal background checks will be treated as confidential

_____I understand and authorize the NSA to access any and all information and records relating to my criminal history or criminal offenses committed or alleged arrests, alleged criminal acts and criminal offenses committed. This includes but is not limited to, sex offender registries or child abuse and criminal history records, in compliance with NSA's child protection policies.

_____I understand and authorize any references, or any other person or organization, whether or not identified in this application, to give any information (including opinions) regarding my character and fitness for service.

_____I hereby release any reference contact, whether identified or not in this application, from any and all liability for damages of whatever kind or nature which may at any time result to myself or my heirs and family, on account of compliance with this authorization, excepting only the communication of knowingly false information.

_____I am aware that background checks will be updated periodically (every 2 years or more frequently, at the sole discretion of the NSA).

_____I understand that, regardless of previous appointments or results of background checks, NSA is not obligated to appoint me to a volunteer position.

_____I understand that I am subject to release by the Chairman of the Board and removal by the Board of Directors for any and all violations of NSA policies or principles.

_____I understand that if a disqualifying offense is found on a criminal background check, there is an appeal process in the NSA Safe Environment Program. I understand that this process allows me to verify information and correct any errors.

_____I have carefully read this release and know the contents. I sign this release as my own free act. This is a legally binding release, which I have read and understand. I understand that I may consult with an attorney before signing this document. A facsimile or photocopy of this authorization shall be as valid as the original.

_____I understand that any volunteering with the National Stuttering Association (NSA) will be contingent upon the results of a number of factors including this background check.

_____I understand that, if I am accepted as a volunteer, prior to the expiration of my term, I am subject to release by the Chairman of the Board and removal by the Board of Directors for any and all violations of NSA policies or principles.

Binding Arbitration Policy:

If appointed, I hereby understand and agree that any and all civil disputes by and between myself, the National Stuttering Association and any and all affiliated parties will be subject to binding arbitration in the locale of the National Stuttering Association in New York, NY in accordance with New York law under the guidelines and rules of the America Arbitration Association. I hereby agree that this binding arbitration shall be in lieu of any litigation by and between myself, the NSA and any and all affiliated parties. If any portion of this application shall be deemed unenforceable or invalid, this arbitration agreement shall still remain in full force and effect.

(Applicants for a paid position: Do NOT fill in Date of Birth)

Date of Birth (for Volunteers Only) _____ Place of Birth _____

Do you have a valid driver's license: _____ Yes _____ No

Driver License Number _____ State Issued: _____

Full Name _____ (Printed)

Social Security Number _____ Date _____

Signature _____

- **PLEASE NOTE: A copy of a valid government-issued photo identification must be attached to this application.**

*Volunteer means any unpaid person engaged in or involved in a NSA activity and who is entrusted with the care and supervision of children, or persons engaged or involved in activities that have regular individual contact with the elderly or disabled or other vulnerable populations.

The National Stuttering Association will not discriminate against any person on the basis of race, creed, color, national origin, marital status, gender, sexual orientation or disability.

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