

Safe Passage Youth Foundation 482 Greenmeadow Avenue Thousand Oaks Ca 91361

Academic Mentoring and General Intern or Employee Application

Full Name: First _____ Middle _____ Last _____

Address: _____

Date of Birth: _____

Telephone: _____ I have a legal right to be employed in the USA. Yes ___ No ___

Do you agree to be LiveScan Fingerprint checked as required by law. Yes ___ No ___

As an 18 year-old or above adult, have any claims, suits, criminal investigations, civil allegations or any form or charges regarding child abuse, suspect of domestic violence, child endangerment, child harassment of any kind, child molestation, employee or sexual misconduct been made against you? Yes _____. No _____.

As an 18 year-old or above adult, have you ever been arrested for a dangerous misdemeanor or any felony? Yes _____. No _____. If yes Add a signed narrative sheet as needed.

Do you agree to be a mandatory reporter immediately to law enforcement if you observe or are made aware of any form of child endangerment, Safe Passage staff or volunteer neglect, child abuse, child violence, bullying, harassment, molestation or any conduct of misconduct made towards a child enrolled in Safe Passage Activities? Yes _____ No _____

Do you agree to limit any form of one-on-one contact with minors (under 18) to authorized academic activities only, during activity hours only and maintain such contact in areas only observable by another Safe Passage Youth Adult staff member (No private electronic, text, phone, 3rd party or personal contact or meetings with any minors EVER, except with their parent(s) or guardian written pre-approval to Safe Passage Management) except under emergency situations? Yes _____. No _____.

Do you have any conflict of interest as a member of Safe Passage Youth Foundation? Yes ___ No ___ You may review conflict of Harassment, Discrimination and Whistleblower policies on the website.

I certify that all information given on this application is true and I authorize investigation of all statements and information given in this application. I understand that misrepresentation or omissions of facts is cause for dismissal. I understand the philosophy of Safe Passage Youth Foundation and all general activities as stated here and agree to abide by all policies, laws, rules and regulations. I also authorize Safe Passage Youth Foundation to secure a criminal history background check. In addition, I will permit the public use of photos of me and my likeness while taken in Safe Passage Youth Foundation activities. Yes _____. No _____

Signed: _____ Dated: _____