Safe Passage Youth Foundation 482 Greenmeadow Avenue Thousand Oaks Ca 91361

Academic Day Camp and General Volunteer Application

Full Name: First	Middle	Last	
Address:			
Date of Birth:			
Telephone:			
Have you had a Live Scan / District, municipality or not Yes No Please I	n profit agency that took yo	our credential or backgrou	und fingerprints:
Have any claims, suits, crim abuse, suspect of domestic , employee or sexual misco	violence, child endangerm	ent, harassment of any ki	ind, molestation
Have you ever been arreste	ed for a misdemeanor or fe	lony? Yes No	·
Do you agree to be a mand made aware of any form of child violence, bullying, har child enrolled in Academic	child endangerment, Safe assment, molestation or a	Passage volunteer neglec ny conduct of misconduct	t, child abuse, made towards a
Do you agree to limit one of activities, during camp hou Day Camp staff member (Narent(s) or guardian appro	rs and maintain such conta o private contact or meetii	ct in areas only observablings with minors, except v	le by another vith their
Do you have any conflict of Yes No You may re		_	
I certify that all informati all statements and informa omissions of facts is cause Foundation Academic Day (all policies, laws, rules and Foundation to secure a vol volunteer and not compense	tion given in this applicatio for dismissal. I understand Camp and all general activit regulations of the camp. I unteer criminal history bac	n. I understand that misr d the philosophy of Safe l ies as stated here and ag also authorize Safe Passa	epresentation or Passage Youth ree to abide by ige Youth
Signed:	Dated:		