CSA Volunteer Application

A COPY OF A VALID GOVERNMENT ISSUED PHOTO ID MUST BE <u>ATTACHED</u> TO COMPLETE THIS APPLICATION. USE ADDITIONAL SHEETS OF PAPER IF MORE SPACE IS NEEDED.

| Name | | Date | | | |
|--|----------------|------|--|--|--|
| Address | | | | | |
| City | | | | | |
| Social Security # (mandatory for background check) | | | | | |
| Mobile Phone | Business Phone | | | | |
| Home Phone | Date of Birth | | | | |
| Email Address | | | | | |
| Occupation | | | | | |
| Employer | | | | | |
| Employer Address | | | | | |
| Employer Phone # | | | | | |
| Describe any training or certifications that you have that would benefit our organization. | | | | | |
| | | | | | |
| | | | | | |
| Experience working with youth, veterans, and/or disabled persons in other organizations | | | | | |
| | | | | | |
| | | | | | |

Current memberships (religious, community, business, or professional organizations)

Criminal Background Check

In order to complete the volunteer application process, you will need to review the separate different disclosures that have been separately provided to you. The separate authorization form must be signed and returned when you submit your application.

Youth Protection Training

All adult applicants are required to take this training in order to complete the application process. CSA uses the free Boy Scouts of America training program to complete this requirement. Membership in the Scouts is not necessary. Go to <u>my.Scouting.org</u> to create an account and take the training online. Include a copy of your completion certificate with this application.



Connecticut Scuba Academy, Inc. Cheshire, Connecticut 06410 (203) 806-0027 Ctscuba@ctscuba.org

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In which of the following would you like to participate? (Check one or more)
Buddies/Adventure Program

Adaptive Aquatics
Scouts BSA Programs
YMCA Programs

Veteran Programs

Highschool Scientific Diving Programs
Public Safety Diving Training

Please list three references, with phone number, that are not related to you.

The following questions MUST be answered. Write NONE if applicable.

Have you ever been removed from or asked to leave a leadership position in an organization due to allegations regarding your personal conduct or behavior? Explain.

Do you use illegal drugs or abuse alcohol? Explain.

Have you ever been convicted of a criminal offense (other than minor traffic violations)? Explain.

Have you ever been investigated for, accused of, or charged with abuse or neglect of a minor child? Explain.



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Are you aware of any reason not listed above that may call into question your suitability to supervise, guide, care for, and lead young people? Explain.

| Signature of applicant | Date | |
|------------------------|------|--|
| | | |

| FOR CSA USE ONLY | | | | |
|--|--------------------------|-----------------|--|--|
| Background check completed by _ | | _ on | | |
| System(s) used for background check (minimum of one must be checked) | | | | |
| Sex Offender Registry | Criminal History Records | First Advantage | | |
| Only attach to this application copies of background check reports that reveal convictions of the applicant. | | | | |



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