



VOLUNTEER APPLICATION

Have you ever been employed by Core? Yes No
You must be eligible for rehire to become a volunteer.

Full Name:

Street Address:

City: State: Zip:

Primary Phone #:

Email: Date of Birth:

Please list times you are available to volunteer:

Monday: Friday:

Tuesday: Saturday:

Wednesday: Sunday:

Thursday:

Please check off all volunteer roles that are of interest to you:

TUTOR / Please specify a subject if possible.

Requirements: All tutors must pass FBI and state background checks prior to becoming a volunteer tutor.

GUEST SPEAKER / Please specify a subject if possible.

COMMUNITY SERVICE PROJECT FACILITATOR

Guiding and working alongside our Scholars through group volunteer opportunities

SPECIAL EVENT STAFF

For fundraising events, celebrations for Scholars, community recruitment events, etc. Roles could include event planning, set-up/break-down of equipment, greeting and directing guests, monitoring, etc.

OTHER / Please specify:



Please feel free to include additional information on a separate sheet if necessary.

Tell us briefly about your educational background:

Why are you interested in becoming a Core volunteer?

Do you have any volunteer and/or teaching experience?

Do you have any experience working with under-resourced children?

What are some personal strengths that you can bring to Core?

What are some of your interests and hobbies?

Are there any subjects that you have expertise in?



EMERGENCY CONTACT INFORMATION

In the event of an emergency, whom should we contact?

Full Name:

Street Address:

City:

State:

Zip:

Primary Phone #:

Relationship:

EMPLOYER INFORMATION

Please list your current or most recent employer, if applicable.

I am retired.

Full Name:

Company:

Street Address:

City:

State:

Zip:

Primary Phone #:

Do you currently work here? Yes No

APPLICATION SIGNATURE:

I understand that I must return all of the following completed items along with this application, and that any incomplete information will result in the delay of my application being processed:

- Volunteer Application
- Volunteer Non-Disclosure Agreement
- Volunteer Liability Waiver and Release
- Fingerprint Background Waiver*
- NCPA-VCA Applicant Notice Waiver*

***Required for Volunteer Tutors**

By signing below, I attest to the truthfulness of all information listed on the application and agree to all the above terms and conditions.

Signature:

Date:

WAYS TO SUBMIT YOUR APPLICATION:

Please note that applications will not be considered until all paperwork has been received.

Option 1: Return your completed application and all of the items listed above to:
Core
701 S. 9th Street, Las Vegas, NV 89101

Option 2: Scan your completed application and all of the items listed above, and submit them as attachments in an email to jennifer@corewecan.org.



FINGERPRINT BACKGROUND WAIVER

As an applicant who is the subject of a Federal Bureau of Investigation (FBI) fingerprint-based criminal history record check for a noncriminal justice purpose you are required to be notified of certain rights prior to being fingerprinted. Therefore, the following Fingerprint Background Waiver (Form 28A) is required to be signed and dated prior to the applicant being printed. The previously referenced rights are discussed below.

1. You are being notified by Core Academy, Powered by the Rogers Foundation that your fingerprints will be used to check the criminal history records of the FBI and the State of Nevada.

2. If you have a criminal history record, the officials making a determination of your suitability for the job, license or other benefit for which you are applying must provide you the opportunity to complete or challenge the accuracy of the information in the record. You may review and challenge the accuracy of any and all criminal history records which are returned to the submitting agency. The proper forms and procedures will be furnished to you by the Nevada Department of Public Safety, Records Bureau upon request. If you decide to challenge the accuracy or completeness of your FBI criminal history record, Title 28 of the Code of Federal Regulations Section 16.34 provides for the proper procedure to do so:

16.34 - Procedure to obtain change, correction or updating of identification records.

If, after reviewing his/her identification record, the subject thereof believes that it is incorrect or incomplete in any respect and wishes changes, corrections or updating of the alleged deficiency, he/she should make application directly to the agency which contributed the questioned information. The subject of a record may also direct his/her challenge as to the accuracy or completeness of any entry on his/her record to the FBI, Criminal Justice Information Services (CJIS) Division, ATTN: SCU, Mod. D-2, 1000 Custer Hollow Road, Clarksburg, WV 26306. The FBI will then forward the challenge to the agency which submitted the data requesting that agency to verify or correct the challenged entry. Upon the receipt of an official communication directly from the agency which contributed the original information, the FBI CJIS Division will make any changes necessary in accordance with the information supplied by that agency.

3. Based on 28 CFR § 50.12 (b), officials making such determinations should not deny the license or employment based on information in the record until the applicant has been afforded a reasonable time to correct or complete the record or has declined to do so.

4. You have the right to expect that officials receiving the results of the fingerprint-based criminal history record check will use it only for authorized purposes and will not retain or disseminate it in violation of federal or state statute, regulation or executive order, or rule, procedure or standard established by the National Crime Prevention and Privacy Compact Council.

5. I hereby authorize Core Academy, Powered by the Rogers Foundation to submit a set of my fingerprints to the Nevada Department Public Safety, Records Bureau for the purpose of accessing and reviewing State of Nevada and FBI criminal history records that may pertain to me. In giving this authorization, I expressly understand that the records may include information pertaining to notations of

arrest, detentions, indictments, information or other charges for which the final court disposition is pending or is unknown to the above referenced agency. For records containing final court disposition information, I understand that the release may include information pertaining to dismissals, acquittals, convictions, sentences, correctional supervision information and information concerning the status of my parole or probation when applicable.

6. I hereby release from liability and promise to hold harmless under any and all causes of legal action, the State of Nevada, its officer(s), agent(s) and/or employee(s) who conducted my criminal history records search and provided information to the submitting agency for any statement(s), omission(s), or infringement(s) upon my current legal rights. I further release and promise to hold harmless and covenant not to sue any persons, firms, institutions or agencies providing such information to the State of Nevada on the basis of their disclosures. I have signed this release voluntarily and of my own free will.

A reproduction of this authorization for release of information by photocopy, facsimile or similar process, shall for all purposes be as valid as the original.

In consideration for processing my application I, the undersigned, whose name and signature voluntarily appears below; do hereby and irrevocably agree to the above.

Applicant's Name: (please print - last, first, middle) _____

Address: _____

Applicant's Signature: _____

Date: _____

Submitting Agency: Core Academy, Powered by the Rogers Foundation

Address: 701 South 9th Street, Las Vegas, NV 89101

Agency Representative: Joanne Nasby

Agency Representative's Signature: _____



NOTICE PURSUANT TO THE NATIONAL CHILD PROTECTION ACT OF 1993 AS AMENDED BY THE VOLUNTEERS FOR CHILDREN ACT

Applicant:

The National Child Protection Act of 1993 (NCPA), Public Law (Pub. L.) 103-209, as amended by the Volunteers for Children Act (VCA), Pub. L. 105-251 (Sections 221 and 222 of Crime Identification Technology Act of 1998), codified at 42 United States Code (U.S.C.) Sections 5119a and 5119c, authorizes a state and national criminal history background check to determine the fitness of an employee, or volunteer, or a person with unsupervised access to children, the elderly, or individuals with disabilities.

Pursuant to the VCA, the entity (a) to which you have applied for employment or to serve as a volunteer; (b) by which you are employed or serve as a volunteer; or (c) which provides care to someone to whom you have or may have unsupervised access, may request a background check. Your rights and responsibilities under the VCA are as follows:

1. Provide a set of fingerprints.
2. Provide your name, address, and date of birth, as appears on a document made or issued by or under the authority of the United States Government, a State, political subdivision of a State, a foreign government, a political subdivision of a foreign government, an international governmental or an international quasi-governmental organization which, when completed with information concerning a particular individual, is a type or commonly accepted for the purpose of identification of individuals 18 U.S.C. §1028(d)(2).
3. Provide a certification that you (a) have not been convicted of a crime, (b) are not under indictment for a crime, or (c) has been convicted of a crime. If you are under indictment or have been convicted of a crime, you must describe the crime and the particulars of the conviction, if any.
4. You are entitled to (a) obtain a copy of any background check report and (b) challenge the accuracy and completeness of any information contained in any such report and obtain a prompt determination as to the validity of such challenge before a final determination is made by entity performing the background check. Such request for a copy of your criminal history record and any challenge to the accuracy of such record should be addressed to the entity or the Nevada Department of Public Safety.
5. Prior to the completion of the background check, the entity may choose to deny you unsupervised access to a person to whom the entity provides care.

THE FOLLOWING MUST BE COMPLETED BY APPLICANT

Applicant's Name: _____
(PLEASE PRINT LAST, FIRST, MIDDLE)

Date of Birth: _____

Address on identification document: _____

I have been convicted of, or am under pending indictment for the following crimes. You must include the dates, locations/jurisdictions, circumstances and outcome.

I have not been convicted of nor am I under pending indictment for any crimes.

Applicant's Signature: _____

Date: _____

THE FOLLOWING MUST BE COMPLETED BY AUTHORIZED RECIPIENT

Identification document referenced for verification:

TYPE (passport, driver's license, ID card, etc.)

COUNTRY/STATE

DOCUMENT NUMBER

AUTHORIZED RECIPIENT SIGNATURE

DATE



VOLUNTEER NON-DISCLOSURE OF CONFIDENTIAL INFORMATION

POLICY ACKNOWLEDGEMENT

Any information that a volunteer learns about the Core or its members or donors, or Scholars, as a result of working with Core, that is not otherwise publicly available constitutes confidential information. Volunteers may not disclose confidential information to anyone who is not employed by Core, or to other persons employed by Core who do not need to know such information to assist in rendering services.

The disclosure, distribution, electronic transmission or copying of Core confidential information is prohibited. Any volunteer who discloses confidential Core information will be subject to disciplinary action (including possible separation), even if he or she does not actually benefit from the disclosure of such information.

I understand the above policy and pledge not to disclose confidential information.

Volunteer Name:

Signature:

Date:

VOLUNTEER LIABILITY WAIVER AND RELEASE FORM

This Liability Waiver and Release executed on _____ (date) by _____ (“Volunteer”) releases Core, a nonprofit 501(c)(3) organization organized and existing under the laws of the State of Nevada and each of this directors, officers, employees, volunteers, and agents.

I hereby freely and voluntarily, without duress, execute the Release under the following terms, by initialling next to each term:

1. Waiver and Release: I, the Volunteer, release and forever discharge and hold harmless Core and its successors and assignees from any and all liability, claims, and demands of whatever kind of nature, either in law or in equity, which arise or may hereafter arise from the services I provide to Core. I understand and acknowledge that this Release discharges Core from any liability or claim that I may have against Core with respect to bodily injury, personal injury, illness, death, or property damage that may result from the services I provide to Core or occurring while I am providing volunteer services.
2. Insurance: Further I understand that Core does not assume any responsibility for or obligation to provide me with financial or other assistance, including but not limited to medical, health, or disability benefits or insurance. I expressly waive any such claim for compensation or liability on the part of Core beyond what may be offered freely by Core in the event of injury or medical release incurred by me.
3. Medical Treatment: I hereby Release and forever discharge Core from any claim whatsoever which arises or may hereafter arise on account of any first-aid treatment or other medical services rendered in connection with the volunteer’s activities with Core.
4. Assumption of Risk: I understand that the services I provide to Core may include activities that may be hazardous to me including, but not limited to, transportation to and from outings, special events, or program sites and participation in program events and activities. As a volunteer, I hereby expressly assume risk of injury or harm from these activities and release Core from all liability.
5. (OPTIONAL) Photographic Release: I agree to allow Core all right, title, and interest in any and all photographs, images, stories, video, or audio recordings of me made by Core while participating in volunteer services for Core.
6. Other: I understand that the scope of my relationship with Core is limited to a volunteer position and that no compensation is expected in return for services provided by me, the Volunteer. I acknowledge that I am not acting as an employee for Core, that Core will not provide any benefits typically associated with employment to me, and that I am responsible for my own insurance coverage in the event of personal injury or illness as a result of my volunteer services to Core.

Volunteer Name (printed):

Signature:

Date: