



*[www.youthvisions.com](http://www.youthvisions.com)*

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Towapark Building, 1st, 2-4-7  
Sinsakae, Nakaku, Nagoya, JAPAN  
460-0007  
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## **VOLUNTEER APPLICATION PACKAGE**

### **CONTENTS**

- Letter to Applicant
- Volunteer Application
- Personal History
- References
- Youth Protection Policy
- Waiver and Consent



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Dear Volunteer:

Welcome to the Youth Visions™ program! Thank you for considering volunteering with Youth Visions, a 501(c)(3) international youth leadership NGO offering young people the opportunity and the means to travel abroad, to acquire valuable experience, and to establish relations academically, economically, artistically, and athletically, to promote a healthy lifestyle free of drugs, alcohol and tobacco. All that we do is designed to develop and promote life and leadership skills for young people.

We realize that many of the questions on this Volunteer Application are very personal and sensitive in nature. However, this information is needed in order to make a complete evaluation. Due to the sensitive nature of these questions, you may refuse to answer any question, or you may discuss your answers in confidence with our legal counsel rather than answering on this form. Answering “yes” to any question, or leaving a question unanswered, will not automatically disqualify an applicant from working with children and youth.

The following sections are included in this Volunteer Application Package.

- **Volunteer Application**
- Personal History
- References
- Acknowledgment of Youth Visions, Inc. **Youth Protection Policy**
- Waiver and Consent

If you are accepted as a volunteer, you must complete a second package, including the Acknowledgment of Receipt of Youth Visions, Inc. Youth Protection Policy, medical questionnaire, full disclosure of medical history, physician and hospital information form, liability release and assumption of risk agreement, and photo permission form.

All forms in this package must be completed, signed and returned before your application will be considered. If you have any questions, please email: [info@youthvisions.org](mailto:info@youthvisions.org).

Thank you for considering spending your valuable time volunteering with Youth Visions.

Best regards,

Youth Visions, Inc.



## VOLUNTEER APPLICATION

### VOLUNTEER INFORMATION

Name: \_\_\_\_\_  
Last First Middle Maiden Suffix

### ALIASES

Name: \_\_\_\_\_  
Last First Middle Maiden Suffix

Name: \_\_\_\_\_  
Last First Middle Maiden Suffix

### PHONE NUMBERS

\_\_\_\_\_  
Home Phone Cell Phone Office Phone Facsimile

### E-MAIL

\_\_\_\_\_

### CURRENT ADDRESS

\_\_\_\_\_  
Street Address Apt/Unit # City State Zip Code

Number of years at current address: \_\_\_\_\_

### FORMER ADDRESSES

*If less than five years at current address please provide former addresses for a five year period.*

\_\_\_\_\_  
Street Address Apt/Unit # City State Zip Code

Number of years at previous address: \_\_\_\_\_

\_\_\_\_\_  
Street Address Apt/Unit # City State Zip Code

Number of years at previous address: \_\_\_\_\_



**DRIVER'S LICENSE INFORMATION**

*Please attach a photocopy of your driver's license.*

<b>Driver's License Number</b>	<b>State Issued</b>
<b>Has your license ever been suspended:</b> Yes                      No	

*Please provide dates and details.*

**CURRENT EMPLOYMENT**

*If one year or less at current employer please also provide information for previous employment.*

**Employer Name** \_\_\_\_\_

**Employer Address:**

\_\_\_\_\_  
**Street Address                      Suite #                      City                      State                      Zip Code**

**Employer Phone:** \_\_\_\_\_ **Facsimile:** \_\_\_\_\_

**RESPONSIBILITIES**

*Describe current job responsibilities. Feel free to attach a resume.*



**PREVIOUS EMPLOYMENT**

*If less than one year at current employer please also provide information for previous employment.*

**Employer Name** \_\_\_\_\_

**Employer Address:**

\_\_\_\_\_  
**Street Address**                      **Suite #**                      **City**                      **State**                      **Zip Code**

**Employer Phone:** \_\_\_\_\_ **Facsimile:** \_\_\_\_\_

**RESPONSIBILITIES**

*Describe current job responsibilities. Feel free to attach a resume.*

**Employer Name** \_\_\_\_\_

**Employer Address:**

\_\_\_\_\_  
**Street Address**                      **Suite #**                      **City**                      **State**                      **Zip Code**

**Employer Phone:** \_\_\_\_\_ **Facsimile:** \_\_\_\_\_

**RESPONSIBILITIES**

*Describe current job responsibilities. Feel free to attach a resume.*



## PERSONAL HISTORY

1. Have you ever been convicted of, or pled guilty or no contest to, any criminal offense, misdemeanor or felony?

Yes                      No

*If yes, provide dates and details.*

2. Have you ever been subject to any disciplinary action, complaint or allegations that you violated any employer, educational institution or organization's policy concerning sexual misconduct or harassment

Yes                      No

*If yes, provide dates and details.*

3. Have you ever resigned or been terminated from employment because of allegations of sexual misconduct or harassment?

Yes                      No

*If yes, provide dates and details.*



4. Have you ever been required to register as a sex offender under any law or by the terms of any court order or agreement?

Yes                      No

*If yes, provide dates and details.*

5. Have you ever been subject to any restraining order, domestic violence protective order, “stay away” order, or other order requiring you to stay away from specific people or places?

Yes                      No

*If yes, provide dates and details.*

6. Have you ever had your driver’s license revoked, suspended or restricted for any reason?

Yes                      No

*If yes, provide dates and details.*



7. Do you have a child or children participating in either Youth Visions™ or ScubaBound™?

Yes                      No

*If yes, please provide name(s) and beginning date of participation.*

8. Why are you interested in serving as a volunteer at the present time? What attracted you to Youth Visions™, Inc. and/or ScubaBound™?

9. Have you served, or are you currently serving, as a volunteer for any civic or community organizations?



10. If so, please state the name and address of the organization(s), the person(s) overseeing the volunteer service, the time period(s) of your volunteer service and describe the general nature of your volunteer service.

11. Have you ever been asked to stop volunteering, or told that you could no longer volunteer, for any organization? If so, please provide full details. Feel free to use additional sheets.

12. What are your qualities that you believe would help you work with children and/or youth? Have you ever received training in the care and nurture of children and/or youth?

13. Do you have any first aid or Emergency First Response (EFR) training or certifications? Are you available for periodic volunteer training?

Yes            No





**ACKNOWLEDGMENT OF YOUTH VISIONS, INC.  
YOUTH PROTECTION POLICY**

I acknowledge that, if selected as a Youth Visions volunteer, I will be required to participate in Youth Protection training, and to follow all Youth Visions Youth Protection Policies, as currently existing and as may be changed from time to time. If selected, the Youth Visions Youth Protection Policies will require me to pledge that: I will follow specified operational procedures in all programs and events; I will adhere to the Youth Visions “two adult” rule; I will participate in all Youth Visions-required Youth Protection training, including but not necessarily limited to following all Youth Protection policies and methods (including first aid and emergency first response); and I will follow procedures for reporting a suspected incident of abuse.

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**Volunteer Signature**

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**Printed Name of Volunteer**

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**Date**

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**Witness Signature**

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**Printed Name of Witness**

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**Date**



## WAIVER AND CONSENT

I, \_\_\_\_\_, hereby certify that the information I have provided here is true and correct. I authorize Youth Visions™, Inc. to verify the information I have provided on this application by contacting the references and employers I have listed, by conducting a criminal background check, if necessary, for the staff or volunteer position I wish to hold, or by any other means, including contacting others whom I have not listed. My signature below constitutes my authorization for the references and employers I have listed in this application, as well as civil authorities, to provide information including opinions they may have regarding my character and fitness for the position for which I have applied. I agree to hold harmless anyone releasing information in connection with Youth Visions' verification or investigation of my volunteer application. Furthermore, I waive any rights I may have to the confidentiality of any such information.

I have read this Waiver and Consent and the entire application and I am fully aware of its contents. By signing below, I certify that I have had the opportunity to discuss this Waiver and Consent with the advisor(s) of my choice, and that I have signed this Waiver and Consent freely and under no duress or coercion.

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**Volunteer Signature**

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**Printed Name of Volunteer**

---

**Date**

---

**Witness Signature**

---

**Printed Name of Witness**

---

**Date**

*The information contained in this form is confidential to the extent permitted by civil law.  
This form will be kept in the offices of Youth Visions™, Inc. or its legal counsel.*