YouthZone
CONNECT AND GROW

Volunteer Screening Agreement

Please read each statement carefully.
Show your agreement to each statement by initialing next to the statement.

_____ I voluntarily agree to provide YouthZone with any personal information they deem necessary for my participation as a YouthZone volunteer.

_____ I give YouthZone permission to examine my employment records, background of psychological counseling, criminal record, and child abuse registry record. I agree that this information may be used to determine my suitability for participation in any of the agency's programs.

_____ I understand that YouthZone staff will hold all information I disclose in strictest confidence.

_____ I understand that even though I have completed all eligibility requirements, including screening and training, that I am not obligated to participate as a volunteer in any YouthZone program.

_____ I understand that YouthZone is not obligated to utilize me as a volunteer in any of their programs or to match me with a child in the Pals program.

_____ I agree not to impose or otherwise inflict my religious, sexual or political preference onto any youth while serving as a YouthZone volunteer.

_____ I understand that YouthZone does not discriminate on the basis of race, religion, national origin, age, marital status, gender or sexual preference.

_____ I understand that YouthZone will maintain a confidential file on me. I further understand that as a YouthZone volunteer, I will hold in strictest confidence any personal information I acquire while working with youth/families, other volunteers, and/or YouthZone staff and board members.

_____ _____
Signature of Volunteer Applicant Date

Must also be signed for applicants under 18 years of age

_____ I understand that as the parent or legal guardian of a youth who wishes to be involved as a YouthZone volunteer that I must give my written permission for this to occur. I further understand that at times it may be necessary for YouthZone to disclose information about me to the parent or legal guardian of a youth who is being considered for a Pals match with my son/daughter. I agree to allow such disclosure of information as YouthZone deems necessary.

_____ _____
Signature of Parent/Legal Guardian Date
(required for applicants under 18 yearx of age)