

# NSCA Volunteer Application

Please PRINT all information. Fields identified with an (\*) are required.

## Applicant Information

*First Name:	MI:	*Last Name:
*Current Address:		*Years at Current Address:
*City	*State:	*Zip:
*Social Security Number:		*Date of Birth:
*Home Phone:	*Work Phone:	Alt Phone:
*Driver's License #:	*State Issued:	*Expiration Date

## Personal History Information

**The following must be completed by all volunteer, new and returning.**

Have you ever been found guilty by a court or other tribunal to have committed a violent act against another person, engaged in any misconduct involving a juvenile OR been convicted of a crime except for a minor traffic violation?	<input type="checkbox"/> <b>YES</b>	<input type="checkbox"/> <b>NO</b>
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**Returning Volunteer - Check One:** My personal history **HAS**  **AS NOT**  changed since last year.

## (1) Notice of SSN Disclosure and Consent to Criminal Background Check

Disclosure of your Social Security Number (SSN) is voluntary and is requested for the purpose of verifying your identity. NSCA, at its discretion, may use your SSN, along with other personal information supplied by you, to conduct a criminal background check regardless of the response on "Personal History." Failure to supply your SSN and other required information may result in delays in processing your application.

As an applicant for a NSCA volunteer position, I hereby attest to the truthfulness of the representations I have made, including the information provided in response to the questions regarding my criminal history. I authorize NSCA to verify the above information and waive any right to confidentiality with respect to the information requested. If requested by NSCA, I will submit my fingerprints for that purpose.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

## NSCA AREA USE ONLY

NSCA Area:

**Must be signed if a "YES" response in Personal History Information**

\_\_\_\_\_  
Signature of Volunteer Administrator

\_\_\_\_\_  
Date

This authorization is void if not exercised by NSCA within (1) one year from the date signed. I hereby agree to indemnify NSCA and the volunteer Administrator for any liability arising out of the improper use of the information provided.