



ROCKSOLID Community Teen Center
Volunteer Registration Packet
Background Check Required

Name: Last _____ First _____ MI _____

Address _____ City _____ State _____ Zip _____

DOB _____ Email Address _____ Phone _____

Ethnicity _____ Preferred Pronouns _____

Emergency Contact _____ Phone _____

Present Place of Employment _____ How long have you worked there? _____

Work phone _____ Name of Supervisor _____

How did you hear about Rocksolid _____

Have you ever been convicted of a crime? Yes _____ No _____

Do you have any criminal charges against you? _____

If you answered yes to any of the 2 previous questions, please explain.

Additional Medical Information _____

I hereby release ROCKSOLID Community Teen Center, it's staff, volunteers and sponsors from any liability for any injury I may sustain while participating in any ROCKSOLID event, retreat, trip and/or gathering. In the event of an emergency, I hereby authorize

_____ one of the adult leaders from ROCKSOLID to serve as an agent for me, to consent to any x-ray exam, medical, dental or surgical diagnosis treatment and or hospital care. Care must be provided by a physician, EMT, RN, surgeon, dentist (as appropriate) licensed to practice under the laws of the states where services are rendered, either at a doctor's office or in any hospital or clinic.

I agree to indemnify and hold harmless the ROCKSOLID Community Teen Center, Bethel Lutheran Church, employees, elected officials and volunteers while acting within the scope of their duties as such from and against all claims, demands, losses and liabilities of any kind and character, including cost of defense, arising out of, or in any way connected with the registrants participation in any ROCKSOLID activity or function.

ROCKSOLID Community Teen Center is committed to providing a safe and welcoming environment. To promote safety and comfort for all, we ask individuals to act appropriately at all times when they are on site, at ROCKSOLID and/or participating in our programs.

Volunteer Signature _____ Date _____ Approved to Volunteer _____

Registrations may be emailed to: amanda@rocksolid-teen.com

For more information call 360-885-2181

ROCKSOLID Community Teen Center is a mission of Bethel Lutheran Church. Bethel Lutheran Church generously donates the space and utilities to make this mission possible. It is only through community support that ROCKSOLID is able to provide a safe place for the youth of our community. Ask how you too can help a youth in your community. Revised 08/07/23.



P.O. Box 175
Brush Prairie, WA 98606
(360) 885-2181

**Confidential Authorization For Background Check
Rocksolid Community Teen Center (RSTC) & Bethel Lutheran Church Council**

All volunteers and staff members who wish to work with the children and youth of Rocksolid Community Teen Center & Bethel Lutheran Church are required to undergo a criminal background check. Thank you for your cooperation. We want to do our best to ensure the safety of the children!

I hereby give my consent to Rocksolid Community Teen Center & Bethel Lutheran Church to pursue a criminal background check on me. I give my consent to any criminal service organization to release any information pertaining to records of any and all convictions contained in its files. In addition, I give permission to Rocksolid Community Teen Center & Bethel Lutheran Church to check civil and criminal records to verify any information given by me on this form.

Have you ever been convicted for a sex related crime? YES/NO

If yes, in what state did the conviction occur? _____

If yes, did the crime involve a minor? _____

Have you ever been convicted of a crime involving violence or threat of violence?

YES/NO If yes, in what state did the conviction occur?

Please list each state you have resided in and indicate the length of residence in each:

I understand that my job position requires (or may require) me to drive a company owned vehicle. I understand the insurance company writing Rocksolid Community Teen Center's auto mobile insurance requires a copy of my current driving record to assess my insurability. I also understand that I have the right to see a copy of my Motor Vehicle Record.

By this letter, I hereby authorize the insurance company and/or its agent to obtain the necessary motor vehicle records and authorize them to send a copy of my Motor Vehicle Record to my employer or volunteer agency.

Date of Birth _____

Driver's License Number _____

Signature _____ Print Full Name

_____ **REQUIRED: COPY OF**

DRIVER'S LICENSE