BRAZOSPORT COLLEGE YOUTH PROGRAM VOLUNTEER APPLICATION
BACKGROUND CHECK AUTHORIZATION

Name _____
Last *First* *Middle*

List any other name used in the last 7 years: _____ Date of Birth: _____

Current address _____
Street Address *City* *State* *Zip*

_____
City *State* *Zip*

Phone # _____ Alternate Number: _____

T-Shirt Size: _____ Email Address: _____

Parent Name: _____

Home Phone # _____ Cell Phone: _____ Work Phone: _____

In Case of Emergency, contact: _____ Phone: _____

Have you previously volunteered for BC Youth Programs? _____

If so, what program(s) _____

References

Name: _____ Phone Number: _____

Name: _____ Phone Number: _____

I certify that _____ has my permission to participate in a community education program at Brazosport College. I authorize the staff of Brazosport College to act for me according to their best judgment in any emergency requiring medical attention or otherwise. It is understood that I will be responsible for the cost of any emergency transportation and any emergency care. I hereby release and hold harmless Brazosport College, including without limitation, its officers, directors, regents, employees, agents, and affiliates for, from, and against any and all liability, injury sustained, damage to or loss of personal property arising directly or indirectly while participating in any program at Brazosport College. I know of no mental or physical problem which may affect the ability of the above mentioned person to safely participate in any program. I further certify that the above mentioned person has medical insurance in case of an emergency. In case of emergency, the physician to be contacted by medical personnel, if necessary, is shown below.

I hereby grant Brazosport College permission to publish photographs and video in which my child is included in whole or in part, for use in advertising or any other lawful purpose whatsoever for Brazosport College. I hereby waive any right that I may have to inspect and approve the finished product, the advertising copy that may be used in connection therewith, or the use to which it may be applied.

I or my minor child, _____, will be volunteering for Brazosport College and have been advised the college conducts a criminal background check. I do hereby consent to the college use of any information provided above in performing the background check. I understand that I have the right to review and challenge any negative information that would adversely impact a decision to offer employment and/or volunteerism. I further understand that I have a reasonable opportunity to clear up any mistaken information reported within a reasonable time frame established within the sole discretion of the college. Under the Fair Credit Reporting Act, I have been advised that upon request I will be provided the name, address and telephone number of the reporting agency as well as the nature, substance and source of all information.

I HEREBY CERTIFY THAT ALL INFORMATION PROVIDED IN THIS FORM IS TRUE, CORRECT AND COMPLETE. IF ANY INFORMATION PROVIDED PROVES TO BE INCORRECT OR INCOMPLETE, I UNDERSTAND THAT GROUNDS FOR CANCELLING ANY AND ALL OFFERS OF EMPLOYMENT AND/OR VOLUNTEERISM WILL EXIST AND MAY BE USED AT THE DISCRETION OF BRAZOSPORT COLLEGE.

I have read and acknowledge the above statement:

_____ _____ _____ _____
I agree *Full Name or Name of Parent or Guardian of Minor Child* *I disagree* *Full Name or Name of Parent or Guardian of Minor Child*

PARENT/GUARDIAN SIGNATURE: _____DATE:_____

PHYSICIANS NAME: _____ PHONE NUMBER: _____

PLEASE LIST ANY ALLERGIES: _____

Return To:
Gemi Powell, Brazosport College, 120 Circle Way, Ste. 2A, Lake Jackson, TX 77566
Questions? Contact Gemi Powell by phone at 979-230-3598 or by email at gemi.powell@brazosport.edu