

SAUK PRAIRIE KIDS COMPANION

ADULT COMPANION AFIDAVIT

Sauk Prairie Kids Companion (SPKC) is committed to creating and maintain the safest possible environment for all participants. It is the duty of all SPKC volunteers to safeguard to the best of their ability, the welfare of, and to prevent the physical, sexual or emotional abuse of young people participating in the SPKC program.

PERSONAL INFORMATION

Full legal name _____ Date of birth _____

Address/City/State/Zip _____

Home phone _____ Cell phone _____

Business phone _____ E-mail _____

How long at this address? _____

If less than 5 years, previous address _____

Social Security number _____ Gender _____ Race _____

Names and ages of those living in your home? _____

Present health? _____ Any limitations? _____

EMPLOYMENT HISTORY (past 5 years)

Current Employer _____

Address _____

Telephone _____ Position _____

How long with this company? _____ Supervisors Name _____

Previous employer _____

Address _____

Telephone _____ Position _____

How long with this company? _____ Supervisors Name _____

VOLUNTEER HISTORY WITH YOUTH (5 years if applicable)

Organization name _____

Address _____

Telephone _____ Position _____

Dates held _____ Directors Name _____

Organization name _____

Address _____

Telephone _____ Position _____

Dates held _____ Directors Name _____

CRIMINAL HISTORY

1. Have you ever been convicted of or pled guilty to any crimes? Yes _____ No _____
2. Have you ever been subject to any court order involving any sexual, physical or verbal abuse including, but not limited to, any domestic violence or civil harassment injunction or protection order? Yes _____ No _____
If yes, describe in full. Indicate date(s) or crime(s) and in which county and state each took place.

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3. Any driving violations or accidents? Yes _____ No _____
If yes, describe _____
 4. Driver's license number _____ State issued by _____

PERSONAL REFERENCES (OTHER THAN FAMILY)

Name _____ Relationship _____ Phone _____
Address _____

Name _____ Relationship _____ Phone _____
Address _____

Name _____ Relationship _____ Phone _____
Address _____

WHO AM I?

Leisure activity BEST liked? _____ Leisure activity LEAST liked? _____

List 5 activities you enjoy? 1. _____ 2. _____
3. _____ 4. _____ 5. _____

Do you have an age preference for your companion? Yes _____ No _____ If so, what age? _____

Is there an age range you prefer not to work with? _____

Please complete the following statements. These are used to get to know you better. There are no right or wrong answers.

1. Words to describe me are: _____, _____, _____, _____
2. Things I value most in life are: _____, _____, _____
3. Something that makes me angry is: _____
4. The happiest memory of my childhood is: _____
5. The person who had the most influence in my life is/was: _____
6. I have dealt with difficult times in my life by _____
7. I want to be a companion because _____
8. The best things I can offer a child as a companion are: _____, _____, _____

INSURANCE VERIFICATION: Please ask your insurance agent to send confirmation of your auto and homeowners insurance coverage to Sauk Prairie Kids Companion, PO Box 1, Prairie du Sac, WI 53578

WAIVER/CONSENT RELEASE

I certify that all of the statements in this affidavit, and in any attachments, hereto, are true and correct to the best of my knowledge. I also certify that I have not withheld any information that would affect this affidavit unfavorably, if disclosed. I understand that any omission of facts or misrepresentations will result in my elimination from consideration for participation in the Sauk Prairie Kids Companion (SPKC) program. I further certify that I understand that the SPKC program's intent is to deny a position to anyone convicted of a crime of violence or a crime against another person.

I hereby give my permission for SPKC to investigate, verify and obtain information given in this affidavit, including searches of law enforcement and published records (including driving records and criminal background checks), contact with former employers and reference interviews. I understand this information will be used, in part, to determine my eligibility for a volunteer position with SPKC. I also understand that as long as I remain a volunteer here, the criminal record history check may be repeated at any time.

I specifically acknowledge that SPKC will inquire about, and I authorize them to verify my prior employment, experience and personal references, background, including criminal background checks which may contain arrest or conviction date. I waive any right to assert that such an investigation or request constitutes an invasion of my privacy. I recognize that such inquiries are in the interest of all persons involved in SPKC and I fully consent to such investigations.

IN CONSIDERATION of my acceptance and participation in the SPKC program, I, to the full extent permitted by law, hereby release and agree to save, hold harmless and indemnify, all members, officers, directors and committee members of SPKC from any liability for any loss, property damage, person injury or death, including any such liability which may arise out of the negligence of any of the indemnities, which may be suffered or claimed by e as a result of an investigation of my background in conjunction with this affidavit.

I ACKNOWLEDGE THAT I HAVE READ AND UNDERSTAND THE ABOVE AFFIDAVIT, WAIVER, CONSENT AND RELEASE, AND THAT IS SIGN THIS FORM VOLUNTARILY.

Signature of Applicant

Print Name

Date