

## HENNIKER COMMUNITY CENTER

Dear Prospective Teen Center Volunteer:

Thank you very much for your interest in volunteering at Henniker Community Center. All our volunteers work for and with our community. Each makes a significant contribution.

Volunteers join the Henniker Community Center unpaid professional staff by following the procedures summarized below:

1. Application: Complete and return the enclosed application and required forms to:

\_\_\_\_\_

2. References and criminal background will be checked.

3. Interview: A committee member will call you to schedule a time to explore volunteer opportunities that will fit your personal skills, interests and schedule.

4. Orientation and training: Orientation and training will be *mandatory* before you may begin volunteering. You will be notified of details.

5. Commitment: Each volunteer is requested to provide dates and times you are available to volunteer. If you are unavailable on an assigned date, you agree to provide sufficient notification to the appropriate committee member.

I look forward to personally welcoming you to the Henniker Community Center to share our mission of "\_\_\_\_\_."

Sincerely,

Henniker Community Center Activities Committee

# HENNIKER COMMUNITY CENTER

## Volunteer Confidentiality Statement

This statement is to be signed by those volunteers who, during the course of their volunteer efforts within the environs of Henniker Community Center and its programs, may come in contact with confidential information.

I understand that Henniker Community Center operates under a strict confidentiality policy and that I may not discuss with any person outside the committee any information. Confidentiality information includes, but is not limited to participant's names, personal conversations or content of records.

**Reporting Requirements:** New Hampshire Statute requires any person with reason to suspect a child under age 18 has been abused or neglected must report that suspicion immediately to the Division for Children, Youth and Families (DCYF). If a child tells you that he or she has been hurt or you are concerned that a child may be the victim of any type of abuse or neglect, you must call DCYF. Child Abuse Report Line 1-800-894-5533 or (603) 271-6556 8:00 AM - 4:30 PM, Monday-Friday or 911 after hours, weekends, or holidays\*.

Volunteer Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

# HENNIKER COMMUNITY CENTER

## Volunteer Agreement, Certification and Authorization for Reference Check

I certify that the information given by me in my application is true in all respects, and I agree that if the information given is found to be false in any way, it shall be considered sufficient cause for denial of continued volunteer assignments. I authorize the use of any information in this application to verify my statements, and I authorize past employers, all references, state and local police departments, and any other persons to answer all questions asked concerning my ability, character, reputation, previous employment records, history and criminal background. I release all such persons from any liability or damages on account of having furnished or requested such information.

I understand that nothing contained in the volunteer application or in the granting of an interview is intended to create an agreement between the Henniker Community Center and myself. No promises regarding volunteering have been made to me. If a volunteer relationship is established, I understand that I have the right to terminate my service at any time and that the Henniker Community Center retains the same right.

If accepted as a volunteer, I agree to abide by all policies and rules in place now or as revised in the future.

Volunteer Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

# HENNIKER COMMUNITY CENTER

## Volunteer Application Form

Name: \_\_\_\_\_ Email Address: \_\_\_\_\_

Address (Street, City, State, Zip):  
\_\_\_\_\_

Home Phone: \_\_\_\_\_ Business Phone: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Driver's License Number/State: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Current Employer: \_\_\_\_\_ Position: \_\_\_\_\_

Employer's address and phone number:  
\_\_\_\_\_

If retired, list name of previous employer and last position held:  
\_\_\_\_\_  
\_\_\_\_\_

Have you ever been convicted of a felony?

Yes  No

Have you ever been charged with child neglect, abuse or any crime involving a child?

Yes  No

Have you had previous volunteer experience?

Yes  No

If yes, name of organization(s): \_\_\_\_\_

Dates: from \_\_\_\_\_ to \_\_\_\_\_

I am interested in volunteering:  Days  Evenings  Weekends

Times and Days you are available:  8-12  9-1  12-4  1-4  8-5  4-8  5-8  
 Monday  Tuesday  Wednesday  Thursday  Friday  Saturday  Sunday

Are you currently a student?

Yes  No

If yes, where? \_\_\_\_\_

Special skills and  
interests: \_\_\_\_\_

Foreign languages: \_\_\_\_\_

Organizational or community activities:

---

---

---

How did you learn of the Henniker Community Center?

---

Reason for wanting to volunteer:

---

Limitations related to health?

---

If case of emergency, contact: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Address (street, city, zip): \_\_\_\_\_

---

Emergency Contact Home Phone: \_\_\_\_\_  
Emergency Contact Business Phone: \_\_\_\_\_

Three personal references (not relatives). Please list complete names, phone numbers and addresses:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address (street, city, state, zip) \_\_\_\_\_

---

Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address (street, city, state, zip) \_\_\_\_\_

---

Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address (street, city, state, zip) \_\_\_\_\_

---

Please list any references or friends associated with the Henniker Community Center.

---

I certify that the information I have given is complete, true and correct to the best of my knowledge and belief. I further affirm that I have not knowingly withheld any facts or circumstances in completing this application. I hereby allow the committee to make inquiries into records relating to this application. I understand that consideration of this application and continuation of any subsequent volunteer service depend upon the truth and accuracy of this information.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_



# State of New Hampshire

DEPARTMENT OF SAFETY

John J. Barthelmes, Commissioner of Safety

*Division of State Police*

James H. Hayes Safety Building, 33 Hazen Drive, Concord, NH 03305



Colonel Frederick H. Booth  
*Director*

Dear Requester:

We are pleased to process your request for a New Hampshire Criminal History Record Information (CHRI).

Your request has been completed, and the result reflects *only* if the individual was arrested and convicted of any criminal offense in New Hampshire\*.

To effect a more prudent search of any criminal history on this individual, we suggest you:

- Contact each state the individual may have lived or worked, and request a CHRI search;
- Check the individual's name against the National Sex Offender Registry (NSOR) list (may be accessed by entering [www.fbi.gov](http://www.fbi.gov), and clicking on sex offender registry);

If you have any additional questions about obtaining a Criminal History Record Information, please contact the Criminal Records Unit at (603) 271-2538.

Sincerely,

Jeffrey R. Kellett, Chief Administrator  
State Police Criminal Records Unit

---

\* The State Police Central Repository makes every effort to provide a requester with the most accurate and up-to-date CHRI. However, due to time delays in receiving information from criminal justice agencies, and entry of that information into our database, the record may not contain the most recent CHRI.

