

PEGGY'S PLACE FOR TEENS

Volunteer Application

Applicant Information

Full Name: _____

Date of Birth (MM/DD/YYYY): _____

Phone Number: _____

Email Address: _____

Home Address: _____

Identification

Please provide a copy of your Driver's License or State ID.
You may also bring a hard copy in person.

Volunteer Availability

Please list out your availability for Monday-Sunday 12-9pm in 4 hour blocks.

For example: Tuesday 5-9pm. Saturday 12-5.

Background Check Requirements

All volunteers must complete **both a BCI and FBI background check** prior to volunteering at The St. Marys Community Armory.

Background checks can be completed at any authorized WebCheck location:
Please request that the results be mailed directly to:

The St. Marys Community Armory

159 E. South Street

St. Marys, OH 45885

Volunteers may be reimbursed for the cost **after completing 40 verified volunteer hours.**

Disqualifying Offenses

Individuals may be ineligible to volunteer or work with youth if they have been convicted of, or pleaded guilty to, any of the following:

Any offense of violence or crime involving harm or threat toward a child or vulnerable person |
Any sexually oriented offense | Child endangerment, child abuse, or corruption of a minor |
Kidnapping, abduction, or unlawful restraint | Homicide or aggravated assault | Arson or robbery |
Domestic violence | Any offense involving a weapon during a crime | Drug trafficking, drug manufacturing, or felony drug possession within the past 10 years | Any other offense that may pose a risk to children, teens, or vulnerable populations

Each background check will be reviewed individually, considering the nature of the offense, time passed, and evidence of rehabilitation.

Acknowledgment & Agreement

By signing below, you acknowledge and agree to the following:

- I have read and understand the Background Check Requirement.
- I agree to complete both the BCI and FBI background checks at my own cost.
- I agree to have the results mailed directly to The St. Marys Community Armory.
- I understand that certain convictions may disqualify me.
- I understand results are confidential and reviewed individually.
- I understand that volunteers may only be reimbursed after 40 verified hours.

Signature: _____ **Date:** _____