Confederated Tribes of Siletz Indians
Volunteer Application and Agreement Form

Last Name: _____ First Name: _____ Date: _____

Other Names Used: _____

Date of Birth: _____ Social Security Number: _____

Mailing Address: _____
Street/P.O. Box City State/Zip Code

Residence: _____
(If different) Street City State/Zip Code

Home Telephone: _____ Cell Phone: _____ Message Number: _____

Emergency Contact: _____
Name Phone Number/Type Relationship

Email Address (Required): _____

Volunteering for:

☐ Clinic ☐ Natural Resources ☐ Behavioral Health ☐ Education ☐ Special Event ☐ Other: _____

Duties Performed: _____

Have you ever been convicted, plead guilty or no contest, or forfeited bond or bail for any crime other than a traffic violation? ☐ Yes ☐ No (Conviction will not necessarily disqualify an applicant)

If yes, please explain {Please attach additional pages if necessary) _____

_____

Have you ever been arrested or convicted of a crime involving a child, violence, sexual assault, sexual molestation, sexual exploitation, sexual contact or prostitution, or crimes against persons? ☐ Yes ☐ No

If yes, what was disposition of the arrest or charge? _____

Background Check and Drug Screen: CTSI requires volunteers to submit to a background check and drug screen. Criminal conviction does not necessarily bar an applicant from volunteering. The nature of the offense will be taken into consideration before a decision is made. There is no fee on the part of the volunteer for the background check. Screening must be completed before volunteers begin working with for CTSI. All volunteers will agree to submit to a drug screen.

I agree to have a background check and drug screen : ☐ Yes ☐ No

As a volunteer for CTSI, I agree to abide by all applicable rules and regulations of the Siletz Tribe. I understand that I will receive no monetary benefits in return for my volunteer service and that CTSI may terminate this agreement at any time without prior notice for any reason. I understand that a criminal background check is required.

I certify that my answers on this application are true and complete and that I have not knowingly withheld any information that might, if disclosed, affect my application unfavorably. I understand that any

misrepresentation or omission of facts on this application could be cause for rejection of this application or dismissal.

I understand that after I submit my application it will be reviewed and my eligibility for volunteer work will be determined.

I hereby Release and Waive liability against CTSI, its directors, officers, employees and agents, its successors and assigns, for any injuries or illness that I myself or my dependent may suffer in connection with any volunteer work for CTSI. Further, I agree that CTSI is not liable for any damage to my property or dependent's property resulting from volunteer work for CTSI. I agree that this release is as broad and inclusive as permitted by the laws of CTSI.

Applicant Signature: _____ **Date:** _____

Guardian Signature if under 18: _____ Date: _____

Guardian Name: _____ Relationship: _____

EMPLOYER:

CONTACT: Please Bill HR
HumanResources@ctsi.ns.us

API

CONSENT FOR CRIMINAL BACKGROUND CHECK
******CONFIDENTIAL DOCUMENT******

Your signature below authorizes ***API*** and Criminal Information Services, Inc. to obtain information about you (if applicable) from various law enforcement agencies, courts, and corrections agencies.

Please complete all information below. Please print using ALL CAPITAL LETTERS.

Legal Name: (FML) ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

Gender: M ☐ F ☐ **Other Names Used:** ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐
(Maiden, alias', legal name change, etc.)

Current Address: _____ **City:** _____ **State:** _____

Social Security Number: ☐☐☐ - ☐☐ - ☐☐☐☐

DOB: ☐☐ / ☐☐ / ☐☐ **DL#:** ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐ **State:** ☐☐

☑ **Your signature here authorizes *Motor Vehicle Records search:*** _____

Previous Addresses in past 7 years: (list any other STATES if you can) _____

_____

_____

Have you ever been convicted of any crime? ☐ **Yes** ☐ **No**

If "Yes," explain: Charge / Offense _____

Date & Location _____

Disposition _____

Applicant's signature: I have reviewed and completed this form as applicable to me. I give **API** permission to verify any information I have provided. This authorization shall continue to be effective until revoked by me. A photocopy or facsimile copy of this consent shall be as effective as the original. By my signature, I affirm that all information on this form is true and accurate.

Signature of applicant: _____ **Date:** ___ / ___ / _____

Signature of witness: _____ **Date:** ___ / ___ / _____

API
PO Box 20177
Keizer, OR 97307
Phone: 503-362-8378 **Fax: 503-362-4123** **Email: customerservice@api-global.net**

Rev. 10/14/2022