



Children's Grief Connection

Volunteer Application

Please Note: A \$15.00 check made out to Children's Grief Connection for processing Bureau of Criminal Apprehension background check must be included with application.

PERSONAL INFORMATION

First Name _____ Middle Name _____ Last Name _____

Address _____

City _____ State _____ Zip _____

E-mail Address _____

Home Phone _____ Work Phone _____ Cell Phone _____

Occupation _____ Employer _____

Social Security Number _____

Have you ever been accused of or convicted of a felony? Yes No

If Yes, please give dates and explain: _____

Do you hold and certifications? (First Aid, CPR, Lifesaving, etc.) _____

Do you have any health considerations that would prevent you from participating fully in camp activities? _____

Camp position you desire: Camp Counselor Camp Helper Camp Musician Camp Photographer

Age group preference: 6-8 9-10 11-12 13-14 15-18

Are you: Single Married Widowed Divorced

Who died: Mom Dad Child Brother Sister Grandma Grandpa Spouse

Shirt size preference: Small (30-32) Medium (34-36) Large (38-40) Extra Large (42-44) XXL (46-48)

Why do you want to volunteer at Children's Grief Connection? _____

What are your expectations of the weekend? _____

What gifts, talents or special qualities do you possess that would be especially suitable to children dealing with a death in their lives? _____

Please share any of your own personal grief experiences: _____

Please state any contact you have had with children who have experienced the death of someone they love: _____

Other comments, questions or concerns: _____

EMERGENCY CONTACT INFORMATION

Name _____ Relationship to you _____

Weekend Home Phone _____ Weekend Business Phone _____ Cell Phone _____

Applicant's signature _____ Date _____

PHOTO RELEASE

Children's Grief Connection of Minnesota has my permission to: (please check yes or no)

- Use any photos taken of me at Hearts of Hope for brochures, slide shows, news releases, ect. Yes No

Signature _____ Date Signed _____

PLEASE RETURN:

1. Completed Application
2. **Two letters of recommendation**
3. Signed copy of the Background Check Consent form
4. **\$15.00 check made out to Children's Grief Connection for processing Bureau of Criminal Apprehension background check**
5. Recent photo of yourself

Children's Greif Connection - 72351 Pine River Road, Willow River, MN 55798

Questions? Call (877) 226-7632 or visit our website at www.ChildrensGriefConnection.com.

Child Protection Background Check Act Consent Form

Children's Grief Connection
72351 Pine River Road
Willow River, MN 55795
1-877-226-7632

Because the position for which you are applying will require you to provide care, treatment, education, training, instruction, or recreation to children, Children's Grief Connection will request the Bureau of Criminal Apprehension (BCA) to perform a criminal background check on you under Minnesota Statutes Chapter 299C.62.

Have you ever been convicted of any of the following crimes? (If yes, please attach a description of the crime and the particulars of the conviction.)

_____ Yes _____ No

Background Check Crimes Under Minnesota Statutes Chapter 299C

- | | |
|---------------------------------------|--------------------------------|
| ___ Murder | ___ Manslaughter |
| ___ Criminal Sexual Conduct | ___ Prostitution-Related Crime |
| ___ Any Assault Crime Against a Minor | ___ Kidnapping |
| ___ Felony Level Assault | ___ Arson |
- ___ Any of the following Child Abuse Crimes committed against Minor victim, constituting a violation of Minnesota Statutes:

Sections:

- | | | | |
|--------------|--|--------------------------------|--|
| 609.185, (5) | Murder in the 1 st Degree | 609.352 | Solicitation of Children to Engage in Sexual Conduct |
| 609.221 | Assault in the 1 st Degree | 609.377 | Malicious Punishment of a Child |
| 609.222 | Assault in the 2 nd Degree | 609.378 | Neglect or Endangerment of a Child |
| 609.223 | Assault in the 3 rd Degree | 152.021, subd,1,(5) or (6) | Controlled Substance Crime in 1 st Degree |
| 609.224 | Assault in the 5 th Degree | 152.022, subd,1,(5) or (6) | Controlled Substance Crime in 2 nd Degree |
| 609.2242 | Domestic Assault | 152.023, subd,1,(3) or (4) | Controlled Substance Crime in 3 rd Degree |
| 609.322 | Solicitation, Inducement and Promotion of Prostitution | 152.023, subd,2,(4) or (6) | Controlled Substance Crime in 3 rd Degree |
| 609.324.1 | Other prohibited acts of Prostitution | 152.024, subd,1,(2),(3) or (4) | Controlled Substance Crime in 4 th Degree |
| 609.342 | Criminal Sexual Conduct in the 1 st Degree | | |
| 609.343 | Criminal Sexual Conduct in the 2 nd Degree | | |
| 609.344 | Criminal Sexual Conduct in the 3 rd Degree | | |
| 609.345 | Criminal Sexual Conduct in the 4 th Degree | | |

As the subject of a Child Protection background check, your rights include:

- to be informed that the Children's Grief Connection will request this check for becoming of continuing as a volunteer, and to determine whether you have been convicted of any of the above specified crimes, and

- ❑ to be informed of the BCA's response and obtain a copy of the report from the Children's Grief Connection
- ❑ to obtain from the BCA any record that forms that basis for the report, and
- ❑ to challenge the accuracy and completeness of any information contained in the report, and
- ❑ to be informed whether the Children's Grief Connection has denied your application because of the BCA's response and not to be required directly or indirectly to pay the cost of the background check.

Minnesota statutes and the BCA require you to complete the following information in order to complete the background check:

Your Last Name (please print): _____

Your First Name (please print): _____

Your Full Middle Name (please print): _____

Maiden, Alias or Former Name(s) (please print): _____

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

Sex (circle one): Male Female

Social Security Number (optional): _____

Applicant's Signature: _____ Date: _____