



MAC Recreation District VOLUNTEER INFORMATION

The following information is required from all volunteers in order to volunteer at the Madras Aquatic Center & Recreation District. Your cooperation in completely answering all questions would be appreciated. If you do not have a telephone, etc. please write "none."

Full Legal Name _____ Maiden Name or
 First, Middle, Last: _____ Other Names used: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____ Home Phone #: _____

E-Mail Address: _____ Cell Phone #: _____

Date of Birth: ____/____/____ Gender: M F Social Security #: _____

Adult Shirt Size (circle one)	Small	Medium	Large	X-Large	XXL	XXXL
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CRIMINAL HISTORY AUTHORIZATION

1. Have you EVER been convicted of a sex-related crime? Yes No
 If "Yes," was the conviction in Oregon or another State? _____
 If "Yes," did the crime involve force or minors? _____

2. Have you EVER been convicted of a crime involving violence or threat of violence? Yes No
 If "Yes," was the conviction in Oregon or another State? _____

3. Have you EVER been convicted of a crime involving criminal activity in drugs or alcoholic beverages? Yes No
 If "Yes," was the conviction in Oregon or another State? _____

4. Have you EVER been convicted of any other crime except a minor traffic violation or traffic crimes? Yes No

5. Have you EVER been arrested for a crime for which there has not yet been an acquittal or dismissal? Yes No

I acknowledge that all information provided by me is true and correct to the best of my knowledge. I understand that criminal history checks are required prior to volunteer approval. Therefore, I hereby grant the Madras Aquatic Center & Recreation District, permission to check civil or criminal records to verify any statements made on this form.

Please Print name: _____

Volunteer's signature: _____ Date: _____