



# Night Owls Volunteer Registration and Authorization

Date of Registration: \_\_\_\_\_

*Please complete the entire form, sign, and date it today's date. Please return this form to the address in the footer. Once we receive this, we will be in touch regarding next steps including volunteer training and start dates. Please note the email address you provide will be used for our communication as well as the method through which to contact you to do your background check. After we receive this form, a company named HireRight will send you an email to obtain further information in order to conduct the background check.*

## **I. CONTACT INFORMATION**

1. \_\_\_\_\_  
Last Name                      First Name                      Middle Name                      Maiden/Other Name

\_\_\_\_\_ is my nickname or preferred name.

2. Are you 18 years of age or older? (Please circle) YES or NO If no, please state age \_\_\_\_\_

3. Home address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

4. Home phone \_\_\_\_\_ Email address \_\_\_\_\_

5. Place of Employment (If DU, Specify Department) \_\_\_\_\_

6. Occupation/Position \_\_\_\_\_

7. Preferred time and method of contact (check one) *Please note: we use email as primary means of contact. Please let us how we should contact you, if we cannot contact you by email.*

\_\_\_\_\_ Home phone    Time \_\_\_\_\_

\_\_\_\_\_ Work phone    Time \_\_\_\_\_ Please provide number \_\_\_\_\_

\_\_\_\_\_ Email

8 Emergency contact name and number \_\_\_\_\_

*(to be used during Night Owls evenings)*

## **II. PROGRAM SPECIFIC INFORMATION**

9. I can contribute:

- One Friday night each month
- One Friday every other month
- As needed

10. I would like to pay for my own *(Please check all that apply. This is not required, but anything you can contribute would be an enormous help.):*

- Fingerprint Card Taken (Fee is \$10 to \$20, depending on where you have them done.)
- Fingerprint Card Processing (Fee is \$17.50 if you are a US citizen; Fee is \$37.50 if you have lived outside the U.S. in the past two years and /or are a citizen of another country.)

**IMPORTANT NOTE:** \*If you are contributing for the Fingerprint Card Processing, please write us a check for the appropriate amount. If you elect to pay for your own Fingerprint Card to be Taken, you will pay for that at the time you have them done.

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NIGHT OWLS

A respite program for families with children with special needs

Return forms to: The Fisher Early Learning Center, 1899 East Evans Avenue, Denver, CO 80208

www.du.edu/fisher/nightowls.html NightOwls@du.edu Phone: 303.871.2095 Fax: 303.871.7805

11. I will participate in evaluation of this program, which may include short surveys to be completed prior to and after my participation in the program. This information will be used to establish the program permanently and guide modifications to the program as needed. *(please circle)* YES or NO

12. I am also available to volunteer:

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Morning							
Afternoon							
Evening							

13. Areas of interest as a volunteer (check as many as apply)

- administrative assistant, data entry, computer work
- child care
- room preparations and set-up
- volunteer coordinator
- resource/activities coordinator
- Other \_\_\_\_\_

14. Activities of interest at Night Owls (check as many as apply)

- primary child care
- music
- crafts
- gross motor
- hospitality
- leading group activities
- participating in group activities
- other \_\_\_\_\_

15. I am fluent in *(please check all that apply)*:

- Sign Language
- Spanish  speak  write  read
- Other  \_\_\_\_\_  speak  write  read
- Other  \_\_\_\_\_  speak  write  read

16. I know CPR \_\_\_\_\_ Course taken \_\_\_\_\_ Date \_\_\_\_\_

17. Licenses, permits, or certifications I hold:

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18. a. Have you ever been convicted of a felony, crime of violence or a crime against an individual including, but not limited to, domestic violence, harassment, assault and/or physical or sexual abuse? Please circle: **YES** or **NO** If yes, please explain

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b. Have you ever been convicted of child abuse or a felony or misdemeanor crime that endangered the welfare of a minor? Please circle: **YES** or **NO**. If yes, please explain

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**III. MORE ABOUT ME...**

18. I feel my experience working with children who have special needs is: *(please circle one)*

Extensive                      Moderate                      Limited                      None

19. I feel my experience working with children who are developing typically is: *(please circle one)*

Extensive                      Moderate                      Limited                      None

19b. I am comfortable with children who are: *(circle all that apply)*

Medically fragile    emotionally challenged    hyperactive    siblings    infants (age 1 month to 1 year)

20. What experience have you had with a child who has special needs? *(Please include experience with children who have emotional, physical, behavioral, communication, and cognitive challenges. Please include information regarding working with children who are medically fragile.)*

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21. Why did you choose to volunteer for Night Owls?

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22. My strengths that I bring to interacting with children include:

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23. I heard about Night Owls from: *(please check all that apply)*:

- \_\_\_\_\_ friend
- \_\_\_\_\_ internet
- \_\_\_\_\_ flier
- \_\_\_\_\_ co-worker
- \_\_\_\_\_ other (please specify) \_\_\_\_\_

**V. PERSONAL REFERENCES**

Please list all information for your references. We ask that two of the four references be a current or former employer and/or supervisor from previous volunteer work, if possible.

Name \_\_\_\_\_ Email \_\_\_\_\_  
Address \_\_\_\_\_  
Phone \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Email \_\_\_\_\_  
Address \_\_\_\_\_  
Phone \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Email \_\_\_\_\_  
Address \_\_\_\_\_  
Phone \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Email \_\_\_\_\_  
Address \_\_\_\_\_  
Phone \_\_\_\_\_ Relationship \_\_\_\_\_

**VIII SIGNATURE.**

I certify that the information given on this registration is complete and accurate. I understand that providing false, misleading or incomplete information will be the basis for denial of participation in the Night Owls program. If requested, I hereby agree to provide proof of the information that I have given on this registration form.

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Staff Review Signature**

\_\_\_\_\_  
**Date**