

EXCEPTIONAL ADVENTURES

250 Clever Road

McKees Rocks, PA 15136

412-446-0713 (Phone)

412-446-0724 (Fax)

APPLICATION FOR VOLUNTEER OPPORTUNITIES DIRECTIONS

Thank you for your interest in volunteer opportunities through Exceptional Adventures, a subsidiary of Partners For Quality, Inc. We take great pride in the events that we sponsor. The individuals we serve truly enjoy Exceptional Adventures activities and could not have the opportunity without the involvement of volunteers.

The following information must be completed and returned promptly in order to be eligible to volunteer.

1. Application Directions (this page)
2. Exceptional Adventure Volunteer Application
3. Staff Registration Form(s)
4. Individual Support Plan (I.S.P.) Compliance Statement
5. Criminal History Record Check Memo
6. Pennsylvania Criminal History Record Check Application
7. Pennsylvania Child Abuse Clearance (*if applicable*)

Please **PRINT CLEARLY** and use **BLUE OR BLACK PEN ONLY**

Exceptional Adventures will cover the cost to process the clearances. **DO NOT SEND MONEY ORDER, CHECK OR CASH.** Please note that clearances may take up to 4 weeks to process. If submitting a Child Abuse Clearance, the certificate will be mailed to your home address after processing. Please submit the certificate to our office immediately upon receipt.

The application is strictly for volunteer eligibility within Exceptional Adventures only.

Thank you,

The Exceptional Adventures Team

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VOLUNTEER APPLICATION

FIRST NAME: _____ MIDDLE NAME: _____ LAST NAME: _____

PRIMARY ADDRESS

STREET ADDRESS

CITY

STATE

ZIP

SECONDARY ADDRESS

STREET ADDRESS

CITY

STATE

ZIP

HOME PHONE NUMBER

CELL PHONE NUMBER

PRIMARY EMAIL ACCOUNT

PREFERRED METHOD OF CONTACT: HOME PHONE NUMBER CELL PHONE NUMBER EMAIL

EMERGENCY CONTACT

FIRST AND LAST NAME

RELATIONSHIP TO CONTACT

PHONE NUMBER

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ISP RESPONSIBILITIES COMPLIANCE STATEMENT

I understand the information regarding the **Individualized Support Plan** process in Pennsylvania and my duties regarding the ISP for people supported in my care.

While volunteering at Exceptional Adventures, **I agree to carry out the habilitation responsibilities based on the ISP** and all necessary supporting documentation.

NAME (PLEASE PRINT)

SIGNATURE

DATE

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VOLUNTEER CRIMINAL HISTORY RECORD CHECK INFORMATION

THE FOLLOWING INFORMATION MUST BE COMPLETED IN ORDER TO PROCESS THE PENNSYLVANIA STATE
BACKGROUND CHECK

DO NOT SEND MONEY ORDER, CHECK OR CASH. COST TO PROCESS IS COVERED BY EXCEPTIONAL
ADVENTURES.

FIRST NAME: _____

MIDDLE NAME: _____

LAST NAME: _____

SUFFIX: _____

MAIDEN NAME OR ALIAS:

1. _____

2. _____

3. _____

DATE OF BIRTH: ____ / ____ / ____
MM DD YYYY

SOCIAL SECURITY NUMBER: ____ - ____ - ____

SEX: MALE FEMALE

RACE: AMERICAN INDIAN ASIAN
 WHITE BLACK

SIGNATURE

DATE

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C:\Documents and Settings\cgibbons\Desktop\EA Volunteer Application.doc

interoffice

MEMORANDUM

to: EXCEPTIONAL ADVENTURES APPLICANT

from: GROVE W. DEMING, EXECUTIVE DIRECTOR/HUMAN RESOURCES

re: CRIMINAL HISTORY RECORD CHECK

Act 169 of the Pennsylvania Criminal Code prohibits Exceptional Adventures from employing a person/permitting a person to volunteer who has been convicted of certain crimes. On the reverse side of this memo is a copy of the list of crimes. Please review this list and inform the interviewer if you have a conviction that is included on the list.

This act also requires Exceptional Adventures to do a Criminal History Record Check on all new employees/volunteers. If we are able to offer you a work or volunteer position, we will do this check.

Please be advised that any false statement, misrepresentation or significant omission on your application and/or this form is grounds for ending your relationship with Exceptional Adventures, regardless of when the information is found to be false or misrepresented.

I have reviewed the attached list of *Prohibitive Offenses Contained in Act 169 of 1996 as Amended by Act 13 of 1997*. To the best of my knowledge, I have not been convicted of any crime on the list.

Signature

Date

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PROHIBITIVE OFFENSES CONTAINED IN ACT 169 OF 1996

AS AMENDED BY ACT 13 OF 1997

Prohibitive Offense

Type of Conviction

Criminal Homicide	Any
Murder I	Any
Murder II	Any
Murder III	Any
Voluntary Manslaughter	Any
Involuntary Manslaughter	Any
Causing or Aiding Suicide	Any
Drug Delivery Resulting in Death	Any
Aggravated Assault	Any
Kidnapping	Any
Unlawful Restraint	Any
Rape	Any
Statutory Sexual Assault	Any
Involuntary Deviate Sexual Intercourse	Any
Sexual Assault	Any
Aggravated Indecent Assault	Any
Indecent Assault	Any
Indecent Exposure	Any
Arson and Related Offenses	Any
Burglary	Any
Robbery	Any
Theft	1 Felony or 2 Misdemeanors
Theft by Unlawful Taking	1 Felony or 2 Misdemeanors
Theft by Deception	1 Felony or 2 Misdemeanors
Theft by Extortion	1 Felony or 2 Misdemeanors
Theft by Property Lost	1 Felony or 2 Misdemeanors
Receiving Stolen Property	1 Felony or 2 Misdemeanors
Theft of Services	1 Felony or 2 Misdemeanors
Theft by Failure to Deposit	1 Felony or 2 Misdemeanors
Unauthorized Use of a Motor Vehicle	1 Felony or 2 Misdemeanors
Retail Theft	1 Felony or 2 Misdemeanors
Library Theft	1 Felony or 2 Misdemeanors
Theft of Trade Secrets	1 Felony or 2 Misdemeanors
Theft of Unpublished Dramas or Musicals	1 Felony or 2 Misdemeanors

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(Continued)

Theft of Leased Properties	1 Felony or 2 Misdemeanors
Unlawful Use of a Computer	1 Felony or 2 Misdemeanors
Forgery	Any
Securing Execution of Documents by Deception	Any
Incest	Any
Concealing Death of a Child	Any
Endangering Welfare of a Child	Any
Dealing in Infant Children	Any
Intimidation of Witnesses or Victims	Any
Retaliation Against Witness or Victim	Any
Promoting Prostitution	Felony
Obscene and Other Sexual Materials to Minors	Any
Obscene and Other Sexual Materials	Any
Corruption of Minors	Any
Sexual Abuse of Children	Any
Acquisition of Controlled Substance by Fraud	Felony
Delivery by Practitioner	Felony
Possession with Intent to Deliver	Felony
Illegal Sale of Non-Controlled Substance	Felony
Designer Drugs	Felony