



# THE DISCOVERY CENTER

A classroom without walls for a future without prejudice

## Volunteer Application

**790 Farmington Avenue-Suite 4A  
Farmington, Connecticut 06032  
Telephone: 860-284-9489  
Fax: 860-284-9652**

Camp Location: Camp Woodstock, Woodstock, CT

Name: \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_

Present address: \_\_\_\_\_ Until? \_\_\_\_\_  
*Street City State Zip*

Present phone number: ( ) \_\_\_\_\_ Present cell phone number: ( ) \_\_\_\_\_

Permanent address (if other) \_\_\_\_\_  
*Street City State Zip*

Permanent Phone: ( ) \_\_\_\_\_ E-mail address: \_\_\_\_\_

Best time to be contacted: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Social Security Number \_\_\_\_\_

Driver's License State and Number: \_\_\_\_\_  
*State License Number*

Are you a U.S. Citizen or an alien authorized to work in the United States? Yes \_\_\_\_\_ No \_\_\_\_\_

If employment is offered, can you produce documentation required by law to establish work authorization and identity?

Yes \_\_\_\_\_ No \_\_\_\_\_ If No, explain: \_\_\_\_\_

Have you worked for The Discovery Center Camp before? \_\_\_\_\_ If so, when?

\_\_\_\_\_

How did you hear about Discovery Center Program? \_\_\_\_\_



Your Position: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone: \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_

Employed from \_\_\_\_\_ to \_\_\_\_\_

Reason for leaving \_\_\_\_\_

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**Previous employer:**

Employer's Name: \_\_\_\_\_

Your Position: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone: \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_

Employed from \_\_\_\_\_ to \_\_\_\_\_

Reason for leaving \_\_\_\_\_

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Have you ever been dismissed, involuntarily terminated or forced to resign from employment?

- Yes
- No

If yes, please explain

\_\_\_\_\_  
\_\_\_\_\_

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**EDUCATION**

Please give name and city of:	Years Attended	Diploma or Degree	Area of study
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High School _____	_____	_____	_____
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College _____	_____	_____	_____
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Graduate _____	_____	_____	_____
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Other Education or Certificate held: \_\_\_\_\_

What experiences have helped you prepare for this position? \_\_\_\_\_

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What do you think are the most difficult aspects of this position? \_\_\_\_\_

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Why do you want to work in an integrated school/camp program? \_\_\_\_\_

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List any other experiences you have had working with children: \_\_\_\_\_

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Do you speak or read any foreign languages? How fluent are you?

Language: \_\_\_\_\_ Fluency \_\_\_\_\_

Are you certified in CPR? \_\_\_\_\_ Are you certified in First Aid? \_\_\_\_\_

Have you ever had any license, certificate or employment suspended, revoked, terminated or adversely affected? Yes \_\_\_\_\_ No \_\_\_\_\_

Have your ever been convicted of a crime? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, provide a full description including dates and circumstances: \_\_\_\_\_

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Please share with us any further information that might assist your application:

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**APPLICANT'S CERTIFICATION AND AGREEMENT**  
**(PLEASE READ CAREFULLY)**

I \_\_\_\_\_ hereby authorize The Discovery Center to obtain information pertaining to any charges or convictions I may have for federal and state criminal law violations. This information will include but not be limited to allegations and convictions committed upon minors, and will be gathered from any law enforcement agency of this state or any other state or federal government to the extent permitted by state and federal law.

I also authorize all persons, public agencies, courts, schools, employer companies, and corporations to supply verification of the information provided in my application as well as evaluation of my prior performances, and I release them from all liability from their doing so.

The above statements are true and complete to the best of my knowledge.

*Upon the offer of a position I understand I must supply the Discovery Center with an updated medical evaluation, to be forwarded by my physician.*

*Any falsification, misrepresentation, or incompleteness in this disclosure is alone grounds for disqualification or termination. The information that I have provided may be verified, if necessary, by contacting persons or organizations named in this application.*

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

*The Discovery Center is an equal opportunity employer and does not discriminate because of race/color, gender, age, religion, marital or civil union party status, veteran status, sexual orientation, national origin/ancestry, or disability or any other legally protected status.*

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AT-WILL EMPLOYMENT DISCLAIMER AND  
APPLICANT'S AGREEMENT AND CERTIFICATION

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I certify that the answers given in this application are true to the best of my knowledge, I understand that the use of this application form does not indicate that there are any positions open and does not in any way obligate the Center.

I understand that should I be granted an interview, no representations that may be made at the interview are to be construed as creating any obligation, promise or contract on behalf of the Center. Further, in consideration of my employment, I agree to conform to the policies and procedures of the Center, as they may from time to time be implemented or revised, and that my employment and compensation are "at-will" and can be terminated with or without cause at any time for any lawful reason at the option of either the Center or myself (subject to any applicable collective bargaining agreements). I understand that no supervisory, management or any other employee at the Center has any authority to make a commitment of guaranteed or continuing employment to me, and no document or publication of the Center or conduct of anyone at the Center should be interpreted to make such a guarantee, unless the Executive Director of the Center specifically acknowledges such change in writing.

I understand that false or misleading information given in my application, resumes, interview(s) or during the course of my employment may result in withdrawal of a job offer or discipline up to and including termination of employment, whenever the omission or falsehood is discovered.

I understand that acceptance for employment shall depend on satisfactory replies from my references and other background checks.

In the event I receive a job offer, I also understand that I may be subject to a drug test and/or a medical examination that I must pass before I commence work and that I must supply the Center with an updated medical evaluation to be forwarded by my physician.

**I have read, understood and agree to the foregoing.**

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Signature of Applicant

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Date

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**NOTICE OF BACKGROUND CHECK AND FAIR CREDIT REPORTING ACT DISCLOSURE**

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As part of the interview process, the Discovery Center (“the Center”) may conduct a background check. If you are hired, the Center may also conduct a background check in deciding whether to continue your employment and when making other employment-related decisions directly affecting you. As part of the background check, the Center may obtain a “consumer report” from a “consumer reporting agency.” These terms are defined in the Fair Credit Reporting Act (“FCRA”), which applies to you. A consumer report includes information regarding such issues as your credit standing, criminal record, motor vehicle record, character and reputation. If the Center obtains a “consumer report” about you, and considers any information in the “consumer report” when making an employment-related decision that directly and adversely affects you, you will be provided with a copy of the report before the decision is finalized. You may also contact the Federal Trade Commission in Washington, D.C., about your rights under the FCRA as a consumer with regard to “consumer reports” and the “consumer reporting agencies” that prepare these reports.

Your signature below authorizes the Center to obtain consumer reports regarding you from consumer reporting agencies in connection with your application and during the course of your employment.

Please provide the following information so that the Center may conduct the background check:

Social Security No.: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_                      Date of Birth: \_\_\_\_\_

Driver’s License No: \_\_\_\_\_                      State: \_\_\_\_\_

Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

Print Former Name: \_\_\_\_\_                      Dates Used: \_\_\_\_\_

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**AUTHORIZATION TO COLLECT BACKGROUND INFORMATION**

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I have applied for employment with the Discovery Center (“the Center”). I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision. I authorize representatives of the Center to obtain pertinent information from my previous employers, references, and other persons with knowledge of my work history and background, financial history, education, regulatory or police records, driving records, licensing status or professional designation, and character or reputation, and to consider the information provided by the background check when making decisions regarding my employment at the Center. I authorize all previous employers, references or other persons having knowledge of my record or myself to release such information to the Center, and hereby release all persons from liability for any damage that may result from furnishing such information to the Center. A photocopy of this authorization may be accepted in lieu of the original.

Signature: \_\_\_\_\_                      Print Name: \_\_\_\_\_

Print Former Name: \_\_\_\_\_

Dates Used: \_\_\_\_\_

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**CRIMINAL BACKGROUND**

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**THIS PORTION OF THE APPLICATION WILL ONLY BE REVIEWED BY MEMBERS OF THE HUMAN RESOURCES DEPARTMENT, THOSE INVOLVED IN INTERVIEWING THE APPLICANT, AND THE PERSON(S) MAKING THE HIRING DECISION.**

Have you ever been convicted of or pleaded guilty or nolo contendere (no contest) to any violation of any state, federal, county or municipal law, other than a traffic violation.\*\*  Yes  No

If yes, please give information regarding the nature of the charge, the date and location of conviction and the final disposition of the case:

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\*\*Applicants are not required to disclose the existence of an arrest, criminal charge or conviction for which records have been “erased.” The types of records subject to erasure under Connecticut law are as follows: (a) a finding of delinquency or that a child was a member of a family with service needs; (b) a sentence as a youthful offender; (c) a criminal charge that was dismissed or “nolled”; (d) a criminal charge for which the person was found not guilty; and (e) a conviction for which the person received an absolute pardon. Any applicant whose criminal records were erased will be considered to have never been arrested and may so swear under oath.

I understand that the information provided above will not necessarily result in the rejection of my application, but that the nature of the information will be considered as it relates to the performance of the job duties in question and in light of the requirements of state and federal law.

Applicant’s Signature: \_\_\_\_\_

Date: \_\_\_\_\_