

Arizona State Board of Physical Therapy

**VOLUNTEER APPLICATION**

Volunteer's Name (Last, First MI)				
Home Phone ( )		Cell Phone ( )		
Address (No., Street, City, State, Zip)				
Mailing Address (If different)				
<b>CURRENT/PREVIOUS EMPLOYMENT</b>				
Currently Employed <input type="checkbox"/> Yes <input type="checkbox"/> No		Current/Previous Occupation		
Current or Previous Employer				
Employer's Address (No., Street, City, State, Zip)				
Supervisor's Name		Length of Employment		Phone No.
Volunteer Experience (Where, When, Type of Work)				
<b>EDUCATION</b>				
High School-College-University Trade School or Business School	City & State	Dates Attended Mo./Yr. to Mo./Yr.	Diploma/Degree And Date Received	Major Area of Study
Special Skills/Training/License				
Languages Spoken			Languages Read	
<b>TRANSPORTATION</b>				
Driver's License No.	Expiration Date	Car Available <input type="checkbox"/> Yes <input type="checkbox"/> No	Do You Have Liability Insurance <input type="checkbox"/> Yes <input type="checkbox"/> No	
Auto Insurance Company's Name			Policy No.	Expiration Date
<b>AVAILABILITY</b>				
Do you have any health problems that might affect your ability to volunteer? <input type="checkbox"/> Yes <input type="checkbox"/> No        If yes, explain:				
Indicate the Days and Hours You Are Willing to Work			No. of hours Available Per Week/Month	
<b>PREFERENCES</b>				
Indicate Your Preference for Work				
<input type="checkbox"/> Data Entry <input type="checkbox"/> Customer Service <input type="checkbox"/> Mailings <input type="checkbox"/> Clerical Support <input type="checkbox"/> Committees				

<b>REFERENCES</b> (Persons Not Related to You)		
<b>Name</b>	Phone No.	
Address (No., Street, City, State, Zip)		
<b>Name</b>	Phone No.	
Address (No., Street, City, State, Zip)		
<b>REASON FOR VOLUNTEERING</b>		
<b>STATEMENT OF CERTIFICATION</b>		
Have you ever been convicted of or found by a court of law to have committed a sex, drug and/or act of violence offense; child abuse or neglect; contributed to the delinquency of a minor? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Are you willing to be fingerprinted and/or have your motor vehicle record verified, if required? <input type="checkbox"/> Yes <input type="checkbox"/> No	ID No. (Last 4 digits of Soc. Sec. No.)	
<p><b>LIABILITY COVERAGE: Volunteers are persons doing State of Arizona work/activities under the direction and control of a State authorized official and are not being paid. Liability coverage is extended to volunteers acting at the direction of a State official and within the course and scope of their State authorized activities. Volunteers of the State are provided the same liability protection afforded employees. Thus, Volunteers acting within the course and scope of their State authorized activities may be covered for their liability exposure as authorized volunteers of the State.</b></p> <p><b>WORKERS' COMPENSATION IS NOT COVERED: Volunteers are NOT covered be the State's workers' compensation plan if injured while participating in this program. (Except for volunteers covered pursuant to A.R.S. 23-901.) Volunteers are strongly encouraged to obtain their own medical insurance before participating in this program.</b></p>		
<b>Do you have health insurance?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>If yes, please provide the following information:</b>		
Name of Medical Insurance Carrier	Policy No.	
<b>I certify that the above responses are true to the best of my knowledge. I agree to allow the PT Board to check my references. I have carefully read the above information and understand its contents.</b>		
Volunteer's Signature	Date	
<b>This portion of the form is to be filled out be the AZ P.T. Board Executive Director: (Please Print)</b>		
Executive Director's Name	Title	Phone No.
Department	Duties of Volunteer	Begin Date/End Date
Executive Director's Signature	Date	
<p>Equal Opportunity Employer/Program . Under Titles VI and VII of the Civil Rights Act of 1964 (Title VI &amp; VII), and the Americans with Disabilities Act of 1990 (ADA), Section 504 of the Rehabilitation Act of 1973, and the Age Discrimination Act of 1975, the Department prohibits discrimination in admissions, programs, services, activities, or employment based on race, color, religion, sex, national origin, age, and disability. The Department must make a reasonable accommodation to allow a person with a disability to take part in a program, service or activity. For example, this means if necessary, the Department must provide sign language interpreters for people who are deaf, a wheelchair accessible location, or enlarged print materials. It also means that the Department will take any other reasonable action that allows you to take part in and understand a program or activity, including making reasonable changes to an activity. If you believe that you will not be able to understand or take part in a program or activity because of your disability, please let us know of your disability needs in advance if at all possible.</p>		

ARIZONA STATE BOARD OF PHYSICAL THERAPY  
**CERTIFICATION OF' CRIMINAL OFFENSE-AZ PT Board VOLUNTEERS**

The Arizona State Board of Physical Therapy is committed to maintaining the highest levels of work ethic, integrity and professionalism.

VOLUNTEER'S NAME (Last, First MI)	DATE OF BIRTH
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Are you Awaiting trial on or have you ever been convicted of any of the following criminal offenses in this state or similar offenses in another state or jurisdiction (answer "YES" or "NO" to each listed offense)? Adjudications by a juvenile court need not be identified. Expunged convictions from any court other than juvenile court must be identified.

**YES      NO**

- 1. Sexual abuse of a vulnerable adult
- 2. Incest
- 3. First- or second degree murder
- 4. Sexual assault
- 5. Sexual exploitation of a minor
- 6. Sexual exploitation of a vulnerable adult
- 7. Commercial sexual exploitation of a minor
- 8. Commercial sexual exploitation of a vulnerable adult
- 9. Child prostitution as prescribed in A.R.S. 13-3212
- 10. Child abuse
- 11. Abuse of a vulnerable adult
- 12. Sexual conduct with a minor
- 13. Molestation of a child
- 14. Molestation of a vulnerable adult
- 15. A dangerous crime against children as defined in A.R.S. § 13-604.01
- 16. Exploitation of minors involving drug offenses
- 17. Taking a child for the purposes of prostitution as prescribed in A.R.S. 5 13-3206
- 18. Neglect or abuse of a vulnerable adult
- 19. Sex trafficking
- 20. Sexual abuse
- 21. Production, publication, sale, possession and presentation of obscene items as prescribed in A.R.S. 5 13-3502
- 22. Furnishing harmful items to minors as prescribed in A.R.S. § 13-3506
- 23. Furnishing harmful items to minors by internet activity as prescribed in A.R.S. § 13-3506.01
- 24. Obscene or indecent telephone communications to minors for commercial purposes as prescribed in A.R.S. 4 13-3512
- 25. Luring a minor for sexual exploitation
- 26. Enticement of persons for purposes of prostitution
- 27. Procurement by false pretenses of person for purposes of prostitution
- 28. Procuring or placing persons in a house of prostitution
- 29. Receiving earnings of a prostitute
- 30. Causing one's spouse to become a prostitute
- 31. Detention of person's in a house of prostitution for debt
- 32. Keeping or residing in a house of prostitution or employment in prostitution
- 33. Pandering
- 34. Transporting persons for the purpose of prostitution, polygamy and concubinage
- 35. Portraying adult as a minor as prescribed in A.R.S. 5 13-3555
- 36. Admitting minors to public displays of sexual conduct as prescribed in A.R.S. § 13-3558
- 37. Manslaughter
- 38. Endangerment
- 39. Threatening or intimidating
- 40. Assault
- 41. Unlawfully administering intoxicating liquors, narcotic drugs, or dangerous drugs

VOLUNTEER'S NAME (Last, First MI)	DATE OF BIRTH
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YES	NO	
<input type="checkbox"/>	<input type="checkbox"/>	42. Assault by vicious animals
<input type="checkbox"/>	<input type="checkbox"/>	43. Drive-by shooting
<input type="checkbox"/>	<input type="checkbox"/>	44. Assaults on officers or fire fighters
<input type="checkbox"/>	<input type="checkbox"/>	45. Discharging a firearm at a structure
<input type="checkbox"/>	<input type="checkbox"/>	46. Indecent exposure
<input type="checkbox"/>	<input type="checkbox"/>	47. Public sexual indecency
<input type="checkbox"/>	<input type="checkbox"/>	48. Aggravated criminal damage
<input type="checkbox"/>	<input type="checkbox"/>	49. Theft
<input type="checkbox"/>	<input type="checkbox"/>	50. Theft by extortion
<input type="checkbox"/>	<input type="checkbox"/>	51. Shoplifting
<input type="checkbox"/>	<input type="checkbox"/>	52. Forgery
<input type="checkbox"/>	<input type="checkbox"/>	53. Criminal possession of a forgery device
<input type="checkbox"/>	<input type="checkbox"/>	54. Obtaining a signature by deception
<input type="checkbox"/>	<input type="checkbox"/>	55. Criminal impersonation
<input type="checkbox"/>	<input type="checkbox"/>	56. Theft of a credit card or obtaining a credit card by fraudulent means
<input type="checkbox"/>	<input type="checkbox"/>	57. Receipt of anything of value obtained by fraudulent use of a credit card
<input type="checkbox"/>	<input type="checkbox"/>	58. Forgery of a credit card
<input type="checkbox"/>	<input type="checkbox"/>	59. Fraudulent use of a credit card
<input type="checkbox"/>	<input type="checkbox"/>	60. Possession of any machinery, plate, or other contrivance or incomplete credit card
<input type="checkbox"/>	<input type="checkbox"/>	61. False statement as to financial condition or identity to obtain a credit card
<input type="checkbox"/>	<input type="checkbox"/>	62. Fraud by persons authorized to provide goods or services
<input type="checkbox"/>	<input type="checkbox"/>	63. Credit card transaction record theft
<input type="checkbox"/>	<input type="checkbox"/>	64. Misconduct involving weapons
<input type="checkbox"/>	<input type="checkbox"/>	65. Misconduct involving explosives
<input type="checkbox"/>	<input type="checkbox"/>	66. Depositing explosives
<input type="checkbox"/>	<input type="checkbox"/>	67. Misconduct involving simulated explosive devices
<input type="checkbox"/>	<input type="checkbox"/>	68. Concealed weapon violation
<input type="checkbox"/>	<input type="checkbox"/>	69. Possession and sale of peyote
<input type="checkbox"/>	<input type="checkbox"/>	70. Possession and sale of a vapor-releasing substance containing a toxic substance
<input type="checkbox"/>	<input type="checkbox"/>	71. Sale of precursor chemicals
<input type="checkbox"/>	<input type="checkbox"/>	72. Possession, use or sale of marijuana, dangerous drugs or narcotic drugs
<input type="checkbox"/>	<input type="checkbox"/>	73. Manufacture or distribution of an imitation controlled substance
<input type="checkbox"/>	<input type="checkbox"/>	74. Manufacture or distribution of an imitation prescription-only drug
<input type="checkbox"/>	<input type="checkbox"/>	75. Manufacture or distribution of an imitation over-the-counter drug
<input type="checkbox"/>	<input type="checkbox"/>	76. Possession or possession with intent to use an imitation controlled substance
<input type="checkbox"/>	<input type="checkbox"/>	77. Possession or possession with intent to use an imitation prescription-only drug
<input type="checkbox"/>	<input type="checkbox"/>	78. Possession or possession with intent to use an imitation over-the-counter drug
<input type="checkbox"/>	<input type="checkbox"/>	79. Manufacture of certain substances and drugs by certain means
<input type="checkbox"/>	<input type="checkbox"/>	80. Adding poison or other harmful substance to food, drink or medicine
<input type="checkbox"/>	<input type="checkbox"/>	81. A criminal offense involving criminal trespass and burglary under A.R.S. Title 13, Chapter 15
<input type="checkbox"/>	<input type="checkbox"/>	82. A criminal offense under A.R.S. Title 13, Chapter 23
<input type="checkbox"/>	<input type="checkbox"/>	83. Child neglect
<input type="checkbox"/>	<input type="checkbox"/>	84. Misdemeanor offenses involving contributing to the delinquency of a minor
<input type="checkbox"/>	<input type="checkbox"/>	85. Offenses involving domestic violence
<input type="checkbox"/>	<input type="checkbox"/>	86. Arson
<input type="checkbox"/>	<input type="checkbox"/>	87. Kidnapping
<input type="checkbox"/>	<input type="checkbox"/>	88. Felony offenses involving sale, distribution or transportation of, offer to sell, transport or distribute or conspiracy to sell, transport or distribute marijuana, dangerous drugs or narcotic drugs
<input type="checkbox"/>	<input type="checkbox"/>	89. Robbery
<input type="checkbox"/>	<input type="checkbox"/>	90. Aggravated assault
<input type="checkbox"/>	<input type="checkbox"/>	91. Felony offenses involving contributing to the delinquency of a minor

VOLUNTEER'S NAME (Last, First MI)	DATE OF BIRTH
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- |                          |                          |                                                                                                            |
|--------------------------|--------------------------|------------------------------------------------------------------------------------------------------------|
| YES                      | NO                       |                                                                                                            |
| <input type="checkbox"/> | <input type="checkbox"/> | 92. Negligent homicide                                                                                     |
| <input type="checkbox"/> | <input type="checkbox"/> | 93. Criminal damage                                                                                        |
| <input type="checkbox"/> | <input type="checkbox"/> | 94. Misappropriation of charter school monies as prescribed in A.R.S. § 13-1818                            |
| <input type="checkbox"/> | <input type="checkbox"/> | 95. Taking identity of another person or entity                                                            |
| <input type="checkbox"/> | <input type="checkbox"/> | 96. Aggravated taking identity of another person or entity                                                 |
| <input type="checkbox"/> | <input type="checkbox"/> | 97. Trafficking in the identity of another person or entity                                                |
| <input type="checkbox"/> | <input type="checkbox"/> | 98. Cruelty to animals                                                                                     |
| <input type="checkbox"/> | <input type="checkbox"/> | 99. Prostitution                                                                                           |
| <input type="checkbox"/> | <input type="checkbox"/> | 100. Sale or distribution of material to minors through vending machines as prescribed in A.R.S. § 13-3513 |
| <input type="checkbox"/> | <input type="checkbox"/> | 101. Welfare fraud                                                                                         |

I hereby certify under penalties of perjury, that the answers given above are true and correct to the best of my knowledge and belief.

\_\_\_\_\_  
Volunteer's Signature

NOTARY PUBLIC SECTION

State of \_\_\_\_\_ )

County of \_\_\_\_\_ )

Subscribed and sworn or affirmed and acknowledged before me this \_\_\_\_\_ day of \_\_\_\_\_

\_\_\_\_\_  
Commission Expiration Date

\_\_\_\_\_  
Notary Public

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