WESTERN OHIO REGIONAL TREATMENT AND HABILITATION CENTER

SUPPORT SERVICES APPLICATION

Name: _____ Date: _____

Address: _____ City / State / Zip: _____

Home / Cell Phone: _____ Business Phone: _____

Highest Level of Education: _____ Spouse Name: _____

College or Training (degree, date, year of training)

_____

_____

_____

_____

Work Experience (if currently employed – where?)

_____

_____

_____

_____

Previous Volunteer Experience (where and time spent)

_____

_____

_____

_____

Organizations you are affiliated with:

_____

_____

Would you like to be involved in the WORTH Center program? _____

How did you learn of this program? _____

Briefly describe why you are interested in being involved at the WORTH Center:

_____

_____

_____

_____

SUPPORT SERVICES APPLICATION CONTINUED

Please provide three references (not relatives)

Name Address (City / State / Zip) Phone Number

_____

_____

_____

Do you have access to a car? _____

Do you have liability insurance? _____

** READ CAREFULLY BEFORE SIGNING **

By signing below, I acknowledge that all of the information furnished in this support services application is true, accurate and complete to the best of my knowledge. I understand that any misrepresentation or falsification of the information provided may lead to withdrawal of an acceptance offer or termination following the start of my service.

I also recognize that my service to the WORTH Center will be jeopardized if I engage in substance abuse, illegal drug use or alcohol abuse.

_____ _____

Signature Date

OHIO DEPARTMENT OF REHABILITATION AND CORRECTION

The Western Ohio Regional Treatment and Habilitation Agency

PRISON RAPE ELIMINATION ACT

BACKGROUND CHECK AUTHORIZATION

Pursuant to the Prison Rape Elimination Act, the Ohio Department of Rehabilitation and Correction (ODRC) is required to take certain steps to insure compliance with the law with respect to those who may have contact with inmates. Specifically, pursuant to 28 CFR 115.17 (e):

> *The Agency shall either conduct criminal background record checks at least every five (5) years of current employees and contractors who may have contact with inmates or have in place a system for otherwise capturing such information for current employees.*

I hereby acknowledge the requirements for ODRC to conduct a criminal background record check and authorize any duly authorized agent of ODRC to conduct the criminal background record check as required by law. I understand that The Allen County Sheriff's Office will process background record checks for the W.O.R.T.H. Center, as an authorized agent of the ODRC. I understand that all materials pertaining to this background check become the property of ODRC and will not be returned to me but will be maintained in a secure manner in accordance with applicable law and policies.

This authorization shall remain valid for the duration of my employment with the ODRC agency, the W.O.R.T.H. Center. A photocopy of this authorization form will be valid as an original hereof, even though the said photocopy does not contain an original writing of my signature.

Last Name: _____ First Name: _____ Middle Name: _____

Social Security No: _____

Street Address: _____ City: _____

County: _____ State: _____ Zip: _____

Driver's License No. _____ Phone Number: _____

Place of Birth: _____ (county or city, state, country)

Sex: _____ Race: _____

Date of Birth (m/d/y): _____