

PLEASE CHECK ONE ASSOCIATE _____ LEVEL 1 _____

OPERATION LIFESAVER VOLUNTEER APPLICATION

PLEASE PRINT VERY CLEARLY. DO NOT USE ABBREVIATIONS.

First Name: _____ MI: _____ Last Name: _____
 Title: _____ Organization: _____
 Home Address: _____ City: _____ State _____ Zip: _____
 Work Address: _____ City: _____ State _____ Zip: _____
 Preferred Mailing Address: _____
 Work Phone:() _____ Home Phone:() _____
 Pager:() _____ E-Mail: _____

Have you ever been convicted of a felony? __Yes__ No. If yes, attach a letter of explanation.
I am prepared to provide a minimum of ___ hours per month to Operation Lifesaver activities. I will be presenting in the following state(s)_____
My employer approves of my involvement in Operation Lifesaver and will support my commitment to these activities. _____Yes_____No_____NA.
If activities will be on company time give supervisor's name and phone number:
Supervisor:_____ Phone_____

PLEASE READ CAREFULLY

I understand and agree to abide by the policies of Operation Lifesaver, Inc. (OLI) and those of the state in which I wish to present, and to use only materials approved by OLI in my presentations. I hereby affirm that the information provided by me on this application is complete and accurate. I understand that any falsification or omission will be grounds for immediate removal from my work with Operation Lifesaver (OL). Should OLI determine that an investigation of my background be advisable and warranted, I hereby authorize OLI to obtain data regarding information provided on this application and my background in general, including but not limited to any charges and/or convictions I may have had for violation of municipal, county, state or federal laws. This information may be gathered from any source, including any law enforcement agency of this state or federal government, or from third-party providers of information originally obtained from law enforcement or court records. OLI reserves the right, in its sole discretion, not to certify an individual or to suspend or terminate any individual from participation as an OL presenter and/or from the OL program. Non-certification, suspension or termination may be made for any reason, including but not limited to violation of OLI policy, and/or any other reason based on the needs and best interests of OLI.

APPLICANT'S SIGNATURE: _____ Date: _____

THIS PORTION IS TO BE COMPLETED BY THE TRAINER(S)

Training (Certification Course with Acceptable Rating on 10 minute Presentation)
 Location: _____ Date: _____
 Trainer(s) _____ Post Test Score: _____

THIS PORTION IS TO BE COMPLETED BY THE STATE COORDINATOR

Date of first public presentation: _____ Reviewed by: _____
 Submitted by (State Coordinator Signature): _____ Date: _____
 Trainer and State Coordinator should retain a copy of this form. One copy must be sent to OLI.

*****FOR OLI OFFICE USE ONLY*****

CERTIFICATION NUMBER: _____ DATE ISSUED: _____
 STATE NOTIFICATION: _____ OLI: _____

1. **Certification.** Any person who represents the state Operation Lifesaver (OL) program by making any type of highway-rail grade crossing education presentation or who makes any type of OL education presentation, must first be certified by Operation Lifesaver, Inc. (OLI). This includes attending and satisfactorily completing an approved OLI Certification Program and holding a current certificate issued by OLI.
2. **Scheduling Of Presentations.** The OL state coordinator or authorized designee will schedule presentations, providing as much advance notice as possible (generally at least two (2) weeks in advance). All OL presentations must be coordinated through the state OL coordinator or authorized designee. It is acceptable for OLI certified presenters to schedule OL presentations as long as the state OL coordinator or authorized designee is aware of the presenter's activities and is in agreement with what is being scheduled. There should be no conflicts with other presentations being scheduled by the coordinator and/or other presenters in the area.
3. **Presenter Conduct.** Presenters are not, and should not consider themselves to be spokespersons or agents of any kind for OLI or its state OL programs, unless so designated in writing by OLI or the state OL coordinator. Nevertheless, it is understood that the conduct of OLI certified presenters reflects on the state OL and national OLI program and on the presenter's employer. Therefore, inappropriate behavior, language, and discriminatory or harassing remarks and behavior, including sexual, racial, religious and other forms of harassment and other activities that reflect poorly on OLI will not be tolerated and are grounds for immediate decertification. The presenter's only responsibility is to deliver an OL presentation as taught in the OLI presenter certification program. Presenters are not authorized to express their opinions or to discuss topics other than those specifically included in the OLI Presenter's Guide.
4. **Materials and Back-Up Presenter.** Presenters may only use materials authorized by OLI when making presentations. Due to risk of liability, any materials not authorized by OLI in advance in writing, including images related to actual deaths or injuries even if such materials are readily available in the public domain, are prohibited from use in any presentation or event. It is the presenter's responsibility to prepare in advance, make arrangements to acquire all necessary materials from an OL coordinator, deliver the presentation at the agreed-upon time and place, and to return the materials upon completion of the presentation in a timely manner. If a presenter can not make a presentation due to an emergency, it is the presenter's obligation to contact the OL state coordinator as soon as possible so that a replacement can be found. Depending on circumstances, a presenter who fails to show up for a scheduled presentation will be placed on probation, suspended or terminated at the sole discretion of the state OL coordinator. Such steps are taken to ensure the credibility of the state OL program and the national OLI program.
5. **Dress.** A dress code is in effect for OL presenters. For men, a sports jacket and tie, a shirt with a collar or sweater and dress/casual slacks are all appropriate attire; dress or clean casual shoes are required. For women, a dress, skirt and blouse, pantsuits, and pants with a shirt are all acceptable; dress or clean casual shoes are required. At times, depending on your audience, appropriate costumes, uniforms and sports apparel would be acceptable. Remember the nature of the event and your audiences dictate the proper type of clothing you should wear. You should usually "out dress" your audience by one level. Cut-offs, T-shirts, unclean clothing and unclean shoes are prohibited. If there are questions concerning a special costume to be worn or the appropriateness of your attire, please call your state coordinator or OLI.
6. **Reporting.** Upon completion of a presentation, the presenter must submit the proper reporting form to the state coordinator and to the appropriate railroad (if applicable). A presenter who has questions concerning OL should contact the OL state coordinator for help.
7. **State and Employer Policies.** In addition to being familiar with the national and state OL policies, it is the responsibility of each presenter to be familiar with any policies concerning OL that their employer may have and comply with those policies. If there are any conflicts between the policies of the state OL and the presenter's employer, it is up to the presenter to contact their OL state coordinator as soon as the conflict is known so that it can be resolved.
8. **Recruitment.** It is permissible for an OL presenter to help recruit other people for consideration as OL presenters or associates. Submit names, addresses and telephone numbers of interested individuals to the OL state coordinator.

Background Check Policy

Volunteers for OLI and its state programs routinely work and interface with the general public, including children and the elderly. Because of the public trust invested in OLI, its state programs and its volunteers, OLI requires all its volunteers to complete a volunteer application. The information provided on applications is verified and confirmed to the extent possible to ensure that applicants' backgrounds are appropriate for the work in which the volunteers will engage. While not routinely conducted, OLI may conduct criminal background investigation on applicants if, in OLI's sole discretion, such an investigation is warranted. OLI's Background Check Policy is intended solely to protect public safety. OLI uses its best efforts to protect the privacy of its volunteers and to utilize information obtained through background investigations strictly for the purpose of determining fitness to perform the volunteer work.

A criminal background check is warranted if:

- 1) the applicant indicates that he has a prior criminal conviction;
- 2) supplemental information is received that indicates that the applicant has a prior criminal conviction or is prone to violent or anti-social behavior

Confirmation of a criminal conviction of any of the following offenses shall prohibit the individual from participating in Operation Lifesaver programs unless a committee appointed by OLI determines that exceptional circumstances apply:

- 1) illegal sexual behavior;
- 2) crimes involving children or the elderly;
- 3) violent acts against persons or property; or
- 4) a controlled substance or alcohol violation within the past 5 years.

Applicants' Rights

OLI will inform the applicant of the nature of the information received and the source. If the applicant wishes to challenge the accuracy of the information, he/she will be advised to communicate directly with the records repository. Until OLI receives a correction from the records repository, it will assume that the information received is correct.

Complaint Process

Any person, including members of the public, Operation Lifesaver volunteers and staff, who believes that an Operation Lifesaver volunteer or staff member has engaged in inappropriate conduct, including discriminatory behavior or harassment of any type, including but not limited to sexual, racial or religious harassment, should immediately report the inappropriate conduct to the Operation Lifesaver state coordinator. All complaints received by any Operation Lifesaver volunteer or staff member should be forwarded and reported in writing to the appropriate Operation Lifesaver state coordinator. The state coordinator should then send a copy to Operation Lifesaver, Inc. (OLI). In the event that the Operation Lifesaver state coordinator is believed to be involved in the discrimination, harassment or other inappropriate conduct, the complaint may be made directly to the President or other designated representative of OLI. The Operation Lifesaver state coordinator should immediately conduct an investigation of the complaint (OLI will conduct the investigation if the state coordinator is unable or unwilling), including:

1. interviewing both parties, the party originally making the complaint and the party of which the complaint is made;
2. interviewing other parties who may be witnesses to the complained of behavior or who otherwise may have knowledge of it;
3. weighing the evidence and providing a written report, including a recommended course of action to OLI.

Investigations should be conducted as quickly as possible. All information reported shall remain confidential, and shall only be made known to individuals with a specific need to know the information. Parties interviewed during the investigation should be provided only with the limited information necessary to conduct the investigation.

OLI shall review the report and determine the appropriate action to be taken based on the recommendation of the state Operation Lifesaver state coordinator and the facts (i.e., immediate decertification of the complained of party, no action, monitoring the situation if substantial facts can not be determined based on the initial investigation).

In the event that a party is to be decertified or otherwise disciplined, that party shall be provided written notice, detailing the basis for the disciplinary action and be given an opportunity to appeal the action in writing to OLI.

Due to the harm false allegations may cause, appropriate action shall also be taken against any party found to have knowingly made a false complaint.