



Volunteer Application & **VERIFY** Background Verification Release Form

For Office Use Only
App. R'cd _____ Orient _____
CH DMV App'd date _____ By _____
References _____ App'd Date _____
Comments:

One Medical Parkway, Plaza 1 Suite 115 - Farmers Branch, TX 75234 - (972) 242-4464 - (972) 242-299 fax
Tammy Payton, Program Coordinator tammy.payton@senioradultservices.org

PLEASE COMPLETE BOTH PAGES OF THE APPLICATION AND REFERENCE REQUESTS

Name (Last, First, MI) Maiden or Other Name(s)

Current Street Address

City Zip County

Phone: (H) (Cell) (E-Mail)

Gender [] Male [] Female Race [] African American [] American Indian [] Anglo [] Asian [] Hispanic [] Other

Employer Position

Languages, other than English

Why would you like to work with Senior Adult Services?

Previous Volunteer Experience

Please list civic, social, & church memberships

Do you have special needs that might impact your ability to serve as a volunteer?

When are you available to volunteer? (Preferred Days & Hours) Can you fill in on short notice?

IN CASE OF EMERGENCY, PLEASE NOTIFY:

Name: Relationship:

Phone: (H) (OFC) (CELL)

PLEASE CIRCLE YOUR AREAS OF INTEREST:

Reception
Office Assistant
Information
Case Management Assistant

Home Delivered Meals (HDM)
HDM Coordinator
Transportation
Relief Van Driver
Home Repair

Friendly Visitor / Tel-a-Friend
Translator
Events
Ambassador / Speaker

PLEASE CIRCLE SPECIAL SKILLS AND ABILITIES:

Graphic Arts
Photography / Videography
Computer / Web Design
Communications / Public Relations
Other _____

Licensed Electrician / Plumber
Contractor / Carpenter
Organization Specialist – Closets, Office, Pantry, Garages
Arts and Crafts / Scrap booking / Sewing / Knitting
Preparation of desserts or tray favors

TRANSPORTATION VOLUNTEERS - Please submit a copy of your drivers license and insurance card.

CONFIDENTIALITY STATEMENT: With my signature, I agree that I will not discuss, release, confirm, copy, distribute, and/or otherwise use confidential data and information regarding clients, other volunteers, or donors of Senior Adult Services. This agreement will remain in effect even when I am no longer associated with Senior Adult Services.

*Our Board of Directors has determined that it is in the best interest of our clients, volunteers, and the agency itself to conduct background checks on our volunteers and staff who have direct on-going contact with clients and/or have access to confidential client information. **Your Social Security Number will be shredded upon completion of the background report.***

AUTHORIZATION FOR BACKGROUND CHECK

I hereby authorize VERIFYI and/or its Service Provider to request and receive any and all background information about or concerning me, including but not limited to my Criminal History, Social Security Number Trace including a consumer report under the Fair Credit Reporting Act, 15 U.S.C 1681 and Driving Record.

The criminal history, as received from the reporting agencies, may include arrest and conviction data as well as plea bargains and deferred adjudications and delinquent conduct as committed as a juvenile. I understand that this information will be used, in part, to determine my eligibility for an employment/volunteer position with this organization. I also understand that as long as I remain an employee or volunteer here, the criminal history check may be repeated at any time. I understand that I will have an opportunity to review the criminal history as received by client/agency and a procedure is available for clarification, if I dispute the record as received. I also understand that the criminal history could contain information presumed to be expunged.

I further release and discharge VERIFYI and their Service Provider and all of their Subsidiaries, Affiliates, Officers, Employees, Contract Personnel, or Associates, from any and all claims and liability arising out of any request for information or records pursuant to this authorization, procurement of an investigative consumer report and understand that it may contain information about my character, general reputation, personal characteristics, and mode of living, whichever are applicable.

I understand that I have the right to make written request within a reasonable period of time to VeriFYI for additional information concerning the nature and scope of the investigation. I acknowledge that I have voluntarily provided the above information for employment/volunteer purposes, and I have carefully read and understand this authorization.

Signature of Volunteer

Date Signed

If Volunteer is under 18, Parent or Guardian Signature

Date Signed

***** ALL VOLUNTEERS, please complete the information requested in the box below.*****

Upon completion of the background check. The social security portion of the application is removed and shredded.				
_____		Birthday		
____ - ____ - ____	____	____ / ____	____ / ____	_____
Social Security Number	Month	Day	Year	Driver's License Number