

120 E. Jones Street #123,
Santa Maria, CA 93454
Phone (805) 925-8000
Fax (805) 925-8170
www.partnersincaring.org



Community Partners IN CARING

Return this application to the
Community Partners office via mail,
fax, or by emailing to
Kelly@partnersincaring.org

VOLUNTEER APPLICATION

Last Name: _____ First Name: _____ Middle _____
Address: _____ Birth Date: _____ Sex: M / F
City: _____ State: _____ Zip: _____
Home Phone: () _____ Work Phone: () _____ Cell Phone: () _____
e-mail: _____
(optional) Religion: _____ Congregation: _____
Employer: _____ or Past Occupation: _____
Previous Volunteer Experience: _____
How did you become interested? _____
Other Information About Yourself (education, interests, hobbies, skills): _____

Personal Transportation? Y / N Will Drive? Y / N Approx. # Of Miles Willing To Drive: _____
Drivers License No.: _____ State: _____ Expiration Date: _____
Vehicle Insurance Company: _____
Vehicle Insurance Policy No.: _____ Expiration Date: ___/___/___
Any Physical Limitations? (Y / N) Describe: _____

In case of emergency notify: Name: _____ Phone: () _____

Volunteer Assignment Choices (Please check as many as you are willing to accept):

- Transportation Visiting Reassurance Calls Light Housekeeping
 Shopping & Errands Minor Home Repairs Paperwork Assistance Yard Work
 Administration Fundraising Committee Other _____

I Can Volunteer (Please check all that are applicable):

TIME	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Morning							
Afternoon							
Evening							
All Day							

I am a smoker: Y / N I am willing to visit a smoker: Y / N I am allergic to pets: Y / N

Date: ___/___/___	Office Use Only	AR login info: _____
Pre-Training Interview: _____		Welcome Letter: _____
Training Completed: _____		CC email: _____
		Badge: _____

Last Name: _____ First Name: _____

References (Please list two - personal or professional):

Name: _____ Phone: (____) _____

Address: _____

Relationship: _____

Name: _____ Phone: (____) _____

Address: _____

Relationship: _____

Any Additional Comments: _____

I certify the information that is provided on this application is true, correct, and complete to the best of my knowledge.

Signature of applicant: _____ Date: ___/___/___

Signature of staff: _____ Date: ___/___/___

**DISCLOSURE AND AUTHORIZATION FORM
TO OBTAIN CONSUMER REPORTS FOR EMPLOYMENT/ VOLUNTEER PURPOSES**

Please Read Carefully Before Signing the Authorization

DISCLOSURE

In considering you for employment/volunteerism and, if you are employed, in considering you for subsequent promotion, assignment, reassignment, retention, or discipline, [Community Partners in Caring] (“the Company”) may request and rely upon one or more consumer reports or investigative consumer reports about you that we obtain from a consumer reporting agency, such as IntelliCorp Records, Inc.

For explanation purposes:

- a “consumer report” is a written, oral or other communication of any information by a consumer reporting agency bearing on your credit worthiness, credit standing, credit capacity, character, general reputation, personal characteristics, or mode of living which is used or expected to be used or collected in whole or in part for the purpose of serving as a factor in making an employment-related decision about you. Such information may include, for example, credit information, criminal history reports, or driving records; and

- an “investigative consumer report” is a consumer report in which information on your character, general reputation, personal characteristics, or mode of living is obtained through personal interviews with your prior employers, neighbors, friends, or associates, or with others who may have knowledge concerning any such items of information. In the event an investigative consumer report is requested about you, you are entitled to additional disclosures regarding the nature and scope of the investigation requested, as well as a written summary of your rights under the Fair Credit Reporting Act (“FCRA”).

Under the FCRA, before the Company can obtain a consumer report or investigative consumer report about you for employment purposes, we must have your written authorization. Before we take adverse action on the basis, in whole or in part, of information in that report, you will be provided a copy of that report, the name, address, and telephone number of the consumer reporting agency, and a summary of your rights under the FCRA.

AUTHORIZATION

I have read and understand the foregoing Disclosure, and authorize the Company to obtain and rely upon consumer reports or investigative consumer reports in considering me for employment/volunteerism and, if I am employed, in considering me for subsequent promotion, assignment, reassignment, retention, or discipline. By my signature below, I authorize the Company to obtain any such reports and to share the information received with any person involved in the employment decision about me.

I do _____ do not _____ authorize you to contact *my current* employer for Employment and Reference Verifications

(This will authorize immediate inquiries to the Human Resources Department and to any listed supervisors or references in the Employment/Reference Section of your application.)

I also agree that this Disclosure and Authorization in original, faxed, photocopied, or electronic (including electronically signed) form will be valid for any consumer reports or investigative consumer reports that may be requested about me by or on behalf of the Company.

I have the right to make a request to IntelliCorp Records, Inc, upon proper identification, to request the nature and substance of all information in its files on me at the time of my request, including sources of information, and the recipients of any reports on me which IntelliCorp Records, Inc has previously furnished within the two year period preceding my request.

I certify that all of elements of the person data I have provided are true, accurate and complete. I understand and agree that any omission, false statement, misleading statement, or answer made by me on my application or any supplements to it and in any interviews will be sufficient grounds for rejection of employment and my discharge after employment. I

Printed Name

Applicant Signature

Date

Applicant Social Security Number

List any additional names used