

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 Our Volunteer  
 Coordinator Rosio:  
 Rosio@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? **Yes / No** Will Drive? **Yes / No** Approx. # Of Miles Willing To Drive: \_\_\_\_\_

Drivers License No.: \_\_\_\_\_ State: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Vehicle Insurance Company: \_\_\_\_\_ Vehicle Insurance Policy No.: \_\_\_\_\_

Insurance Expiration Date: \_\_\_/\_\_\_/\_\_\_ If, as a CPC volunteer or employee, I provide volunteer transportation services, I will provide proof of insurance on a yearly basis: **Yes / No**

Any Physical Limitations? (**Yes / No**) 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: **Yes / No** I am willing to visit a smoker: **Yes / No** I am allergic to pets: **Yes / No**

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

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

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**References** (Please list two - personal or professional):

Name: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Address: \_\_\_\_\_

Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Address: \_\_\_\_\_

Relationship: \_\_\_\_\_

**Any Additional Comments:** \_\_\_\_\_

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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 the Department of Motor Vehicles and 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 the elements of the personal 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/volunteerism and my discharge after employment.**

<b>Printed Name</b>	<b>Applicant Signature</b>	<b>Date</b>
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Applicant Social Security Number

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List any additional names used