



VOLUNTEER APPLICATION

NOTES: _____

Date of Application: _____

Full Name: _____

Address: _____

City: _____ State: _____ Zip: .

Telephone Numbers (home): _____ (cell): _____ (work): _____

E-mail address: _____

Previous Address: _____

City: _____ State: _____ Zip: .

Employer: _____

Address: _____

City: _____ State: _____ Zip: .

May we contact you at work? Yes No

How did you hear about There With Care? _____

In case of emergency, who should we contact? _____

Name: _____ Telephone Number(s): _____

Relationship: _____

What are you interested in?

Administrative/Clerical: _____ Availability: _____
(please note skills/preferences) *(days / hours)*

Family Assistance: _____ Availability: _____
(please note desired role and regional preferences) *(days / hours)*

Driver: _____ Availability: _____
(please note regional preferences) *(days / hours)*

Special Event: _____ Availability: _____
(please note event) *(days / hours)*

Soup Station: _____ Availability: _____
(please describe) *(days / hours)*

Other: _____ Availability: _____
(please describe) *(days / hours)*

Do you hold a valid driver's license? Yes No

If yes, which state? _____ Driver's License Number: _____ Expiration: _____

Have you ever had your driver's license suspended or revoked? Yes No

If yes, please explain: _____

Have you ever been convicted of a criminal offense? Yes No

If yes, please explain: _____

Do you use drugs that could impair your driving? Yes No

If yes, please explain: _____

Please note that certain volunteer positions require completion of a criminal background check every year.

Volunteer History Do you have volunteer experience? Yes No
If yes, please list, beginning with present or most recent experience.

Organization Name: __
Address: _____
Position and Responsibilities: __
Supervisor's Name and Title: _____ Telephone Number: __
Dates of Service: _____

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Address: _____
Position and Responsibilities: __
Supervisor's Name and Title: _____ Telephone Number: __
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Organization Name: __
Address: _____
Position and Responsibilities: __
Supervisor's Name and Title: _____ Telephone Number: __
Dates of Service: _____

Have you ever been asked to relinquish a volunteer position? Yes No

If yes, please explain: _

Personal References

Please provide three non-family references:

Name: _
Address: _____
Telephone Number: _____ Relationship: _

Name: _
Address: _____
Telephone Number: _____ Relationship: _

Name: _
Address: _____
Telephone Number: _____ Relationship: _

If you would like to include additional information about yourself, please do so on the back of this form. You can attach a resume to this application.

I HAVE COMPLETED AND REVIEWED THIS ENTIRE FORM AND ATTEST THAT THE INFORMATION PROVIDED IS TRUE. ADDITIONALLY, I UNDERSTAND THAT CERTAIN VOLUNTEER POSITIONS MAY REQUIRE THE COMPLETION OF A CRIMINAL BACKGROUND CHECK.

Applicant Signature _____ Date _____

If applicant is under the age of 18, please complete the following section.

Parent/Guardian Signature _____ Date _____

If applying to donate professional services, please attach a copy of your current license or certificate.

Return forms to:

There With Care
4949 North Broadway Street, Suite 124
Boulder, Colorado 80304
(303) 447-CARE (2273)
Fax: (303) 447-2274



Adult Volunteer Consent and Release

Name: _____

Position applied for: _____

The volunteer position you have applied for upholds considerable responsibilities. You may be entrusted with valuable assets of There With Care, most importantly our There With Care children and families. As a condition of your potential service to There With Care we may perform a background investigation. Your participation in this process is voluntary; however, if you choose not to sign this release, you may be eliminated as a possible candidate for the position you have applied for.

ALL INFORMATION PROVIDED WILL BE KEPT CONFIDENTIAL.

I hereby authorize There With Care to schedule and complete a personal background check, including a criminal history.

Do you have any prior names or surnames? Yes No

If yes, please list name(s): _____

Date of Birth: _____ Place of Birth: _____

Social Security Number: _____

Driver's License Number: _____ Expiration: _____ State: _____

Signature: _____ Date: _____



Supporting Families with Critically Ill Children

As an employee/volunteer of There With Care, I have an obligation to the organization I serve, to the general public, and to myself to maintain the highest standards of ethical conduct. I will not commit acts contrary to these standards nor will I condone the commission of such acts by others within the organization. I have a responsibility to:

Confidentiality

- 1 Keep confidential information confidential unless legally obligated to do otherwise.
- 2 Refrain from using or appearing to use confidential information acquired in the course of my service for unethical or illegal advantage either personally or through third parties.

Conflict Of Interest

- 1 Avoid direct or indirect, actual or apparent, conflicts of interest and advise all appropriate parties of any potential conflict, if:
 - a. A There With Care representative's personal business provides goods or services to There With Care for consideration.
 - b. A friend or relative of There With Care representative provides goods or services to There With Care for consideration.
 - c. A vendor or business acquaintance with whom a There With Care representative has an outside business relationship provides goods or services to There With Care for consideration.
- 1 Refrain from engaging in any activity that would prejudice my ability or the ability of others to carry out duties ethically.
- 2 Refuse any gift, favor, or hospitality that would influence or would appear to influence my actions or the actions of others, for example: a There With Care representative receives a referral fee or preferential discount, gift, or other valuable consideration from a vendor, paid promoter, fund-raising event sponsor, or any other outside party, for referring There With Care business to such party.

Legal Assurance

- Submit to a criminal background check every three years.
- Report any present, past, or future allegations of criminal activities, criminal investigations, arrests, and/or convictions involving myself.

Integrity

- 1 Refrain from violating any criminal or civil law or regulation.
 - 2 Refrain from either actively or passively subverting the attainment of the Foundation's legitimate and ethical objectives.
 - 3 Refrain from engaging in or supporting any activity that would discredit the Foundation.
 - 4 Perform my duties in accordance with relevant laws, regulations, Foundation policies and standards.
- Represent the interests of all people served by this organization and not favor special interests inside or outside the organization.

I, _____, attest and agree to be bound by the foregoing standards. I have not been party to an unethical or conflicting action that has not been previously disclosed. I also agree to report any potential future conflicts of interest or observed unethical activity of which I have become aware to the appropriate parties. I do not currently have pending against me any criminal proceedings, nor have I been placed under arrest for or been convicted of a criminal offense within the past year.

Signature

Date

Volunteer Acknowledgement Form

I, _____ understand that the service I am performing for **There With Care** is being provided in a volunteer capacity. I understand that I will not receive any compensation or any other benefits in connection with my volunteer position.

My volunteer role may include one or more, but not all of the following:

Grocery delivery, prepared meal delivery, housecleaning, laundry service, handyman service, lawn & garden care, pet care, home modifications for disability access, industrial cleaning, babysitting services (waiting room or otherwise), tutoring for siblings, special event chaperone, transportation to school or activities, transportation to hospital or treatment visits, accounting services, legal services, alternative therapies, family counseling and/or individual counseling, hair cuts for the family, translating service, resource & information library, computer access.

To the best of my knowledge, there is nothing that will prevent me from being able to perform the essential duties of this volunteer position, as explained to me in the volunteer training manual.

Signature: _____ Date: _____

www.therewithcare.org
(303) 447-CARE / (303) 447-2274 fax



CONFLICT OF INTEREST AND ETHICS STATEMENT

Investigative Background Check Explanation

The position(s) for which you have applied involves considerable responsibility. You may be entrusted with valuable assets of this foundation, most importantly our children and families. As a condition of your service as a volunteer or staff member, we will perform an investigative background check (including a criminal record check), as required by There With Care, through AMERICANCHECKED, INC., a Professional Background Screeners and Consumer Reporting Agency. This background check must be updated every year.

All information provided will be kept confidential. Only the Director of Volunteers sees completed Disclosure & Release Forms. Once There With Care receives the background check report from AMERICANCHECKED, INC., it is standard procedure to document receipt of a clear check, and then shred the report. The Disclosure & Release Form is retained in your file, with your Social Security Number and Driver's License info whited out.

Under the federal Fair Credit Reporting Act (FCRA), the background screening reports that AMERICANCHECKED, INC. supplies are classified as "consumer reports". This includes *ALL* types of reports, such as credit reports, motor vehicle reports, and criminal records. These reports are governed by the FCRA, which provides protections and responsibilities to those who either use or provide consumer reports, and to the subjects of those reports. **Therefore, as a "user of consumer reports", There With Care is required to give the attached "Summary of Your Rights Under the Fair Credit Reporting Act" to you, the "subject" of the search and resulting report.** The language of this document pertains largely to consumer credit reports and employment history. **Be assured, There With Care is NOT pulling your credit reports or employment history.** Our national foundation requires a criminal background check on all volunteers and staff, which is accomplished by searching national databases using the information you will choose to share with us for this purpose only, i.e., other names used, past places of residence, SSN, date of birth, and driver's license number.

You have the right to receive, upon your written request within a reasonable period of time, (not to exceed 30 days) a complete and accurate disclosure of the nature and scope of the investigation requested. You have the right to make a request to AMERICANCHECKED, INC., upon proper identification, to request the nature and substance of all information in its files on you at the time of your request, including the sources of information, and the recipients of any reports on you that AMERICANCHECKED, INC. has previously furnished within the two-year period preceding your request. AMERICANCHECKED, INC. may be contacted by mail at 4870 S. Lewis Ave., Ste. 211, Tulsa, Oklahoma, 74105, or by phone at (800) 975-9876.

Signed: _____ Date: _____



Investigative Background Report Disclosure & Release

The volunteer position for which you have applied involves considerable responsibility. You may be entrusted with valuable assets of this foundation, most importantly our children and their families. As a condition of your service to the foundation as a volunteer, we will perform a background investigation, as required by There With Care. Your participation in this process is voluntary; however, if you choose not to complete this disclosure and release form, we will be unable to accept you as a volunteer.

In connection with my application for volunteer service with There With Care, an investigative background report, which may contain public record information, will be requested from AMERICANCHECKED, INC. The volunteer background report provides information gathered from searches of the following public sources: the Nationwide Criminal database; the Social Security Number/Address Locator Search; the Wanted Persons Security Screen; and other screening sources.

I authorize There With Care and AMERICANCHECKED, INC. to prepare an investigative background report about me for volunteer-related purposes, as required by There With Care. I have been provided a copy of the summary of the rights of the consumer pursuant to the Fair Credit Reporting Act (FCRA).

I hereby fully release and discharge There With Care, AMERICANCHECKED INC., their respective affiliates, subsidiaries, directors, officers, employees, agents, and attorneys thereof, and each of them, and any individual, organization, entity, agency, or other source providing information to AMERICANCHECKED, INC from all claims and damages arising out of or relating to any investigation of my background for volunteer purposes. This release is valid for all federal, state, county and local agencies, authorities, previous employers, military services, and educational institutions.

AMERICANCHECKED, INC. is authorized to disclose all information obtained to There With Care for the purpose of making a determination as to my eligibility for volunteer service. I agree that such information may be supplied to AMERICANCHECKED, INC. If I am invited to volunteer, this authorization shall remain on file and shall serve as ongoing authorization for the procurement of updated investigative background reports every year.

By signing below, I certify that I have read and fully understand this release, that prior to signing I was given an opportunity to ask questions and to have those questions answered to my satisfaction, and that I executed this release voluntarily and with the knowledge that the information being released could prevent me from working as a volunteer.

Signature _____ Today's Date _____

Print your full name _____
First Middle Last

For the purposes of gathering this information, I agree to supply the following information, which may be required by law enforcement agencies and other entities for positive identification purposes when checking records. It is confidential and will not be used for any other purpose.

Print other last names you have used _____

List states, cities, and counties of residence for the past 7 years (Attach a separate sheet if more space is needed.):

State____ City/County_____ From_____ To _____

State____ City/County_____ From_____ To _____

State____ City/County_____ From_____ To _____

Home Address_____

City_____ State_____ Zip_____

Social Security No._____ Date of Birth_____

Driver's License Number_____ State Issuing License_____

You have the right to receive, upon your written request within a reasonable period of time, (not to exceed 30 days) a complete and accurate disclosure of the nature and scope of the investigation requested. You have the right to make a request to AMERICANCHECKED, INC., upon proper identification, to request the nature and substance of all information in its files on you at the time of your request, including the sources of information, and the recipients of any reports on you that AMERICANCHECKED, INC. has previously furnished within the two-year period preceding your request. AMERICANCHECKED, INC. may be contacted by mail at 4870 S. Lewis Ave., Ste. 211, Tulsa, Oklahoma, 74105, or by phone at (800) 975-9876.

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