



Volunteer Application

Contact Information

Name	
Street Address	
City, ST ZIP Code	
Home Phone	
Work Phone	
Cell Phone	
E-Mail Address	

Availability

During which hours are you available for volunteer assignments?

- | | |
|---|---|
| <input type="checkbox"/> Weekday Mornings | <input type="checkbox"/> Weekend Mornings |
| <input type="checkbox"/> Weekday Afternoons | <input type="checkbox"/> Weekend Afternoons |
| <input type="checkbox"/> Weekday Evenings | <input type="checkbox"/> Weekend Evenings |

Interests

Tell us in which areas you are interested in volunteering

- | | |
|---|---|
| <input type="checkbox"/> Administration | <input type="checkbox"/> Newsletter Production |
| <input type="checkbox"/> Fundraising | <input type="checkbox"/> Receptionist |
| <input type="checkbox"/> Grant Writing | <input type="checkbox"/> Volunteer Coordination |
| <input type="checkbox"/> Other | <input type="checkbox"/> Website |

Special Skills or Qualifications

Summarize special skills and qualifications you have acquired from employment, previous volunteer work, or through other activities.

Previous Volunteer Experience

Summarize your previous volunteer experience.

Person to Notify in Case of Emergency

Name	
Street Address	
City ST ZIP Code	
Home Phone	
Work Phone	
E-Mail Address	

Agreement and Signature

By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if I am accepted as a volunteer, any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal.

Name (printed)	
Signature	
Date	

A background check is also required in being considered as a volunteer. Your help in providing the \$7.30 cost to cover this fee helps reduce our administrative costs. Make check payable to “**Community Lifeline Center**” and attach with application.

Thank you for completing this application form and for your interest in volunteering with us.

Community Lifeline Center, Inc.

Release

I, _____, agree to hold Community Lifeline Center, Inc. harmless for any and all liability due to any injury sustained by me while performing any and all activities associated with my volunteer duties with Community Lifeline Center, Inc.

I have been informed and understand that as a volunteer for Community Lifeline Center, Inc., I may not use any motorized vehicle in the performance of volunteer activities.

In case of emergency, please notify:

Name

() _____

() _____

Signature

Date

Witness Signature

Date

Printed Name

Witness Printed Name

Street Address

City

State

Zip Code

() _____

Telephone Number

Community Lifeline Center, Inc.

Pledge of Confidentiality

I understand that, in the course of my association with Community Lifeline Center, Inc. ("CLC") I will learn information about persons who are in need of emergency assistance as well as about the officers, directors, committee members, and/or employees of CLC. I understand that this information is to be held in the strictest confidence and is not to be discussed with anyone except the employees and/or members of the Board of Directors of CLC.

I pledge to keep the aforementioned information confidential as a condition of my association with CLC. I understand that a breach of this confidentiality will result in my immediate termination as an officer, director, committee member, employee, or volunteer of CLC.

Signature**Date**

Witness Signature**Date**

Printed Name

Witness Printed Name



Background Verification Release Form

AGENCY INFORMATION

Date	Agency Name Community Lifeline Center		
Contact Name Christine Hockin-Boyd			
Agency's Main Phone Number 972-542-0020		Agency's Fax Number 972-542-7530	

APPLICANT INFORMATION:

Applicant Full Name (Last, First, MI)			Maiden or Other Name(s) Used	
Current Address				
City		State	Zip Code	County
Social Security Number		Date of Birth	Driver's License Number	State Issued
Position Applied For				
Gender <input type="checkbox"/> Male <input type="checkbox"/> Female		Race <input type="checkbox"/> African American <input type="checkbox"/> American Indian <input type="checkbox"/> Anglo <input type="checkbox"/> Asian <input type="checkbox"/> Hispanic <input type="checkbox"/> Other		

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, Driving Record, Employment History, Military Background, Civil Listings, Educational Background, Professional License from any Individual, Corporation, Partnership, Law Enforcement Agency, and other entities including my Present and Past Employers.

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.

Applicant's Signature

Date

Applicant's Printed Name

Parent/Guardian's Signature
(if under 18 years of age)
