



VOLUNTEER APPLICATION

Date _____

Last Name, First Name M.I. Nickname

Street Address City State Zip Code

Phone Cell E-Mail

Emergency Contact Relationship

Phone Cell

Community where you reside (example: Sun City Grand, Sun Village, etc.) _____

VOLUNTEER OPPORTUNITIES

(Please check all that you are interested in)

Call Center Operator

Community Ambassador

Driver

Fundraising

Grant Writing

Marketing

Office Assistant

Special Events

Student or Intern

Trip Aide for Group Trips

Other (please specify) _____

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EDUCATION LEVEL **COMMUNITY WHERE YOU PREFER TO VOLUNTEER**

High School or GED	Sun City
2 Year College	Sun City West
4 Year College	Surprise
Masters Degree	Peoria
Doctorate Degree	No Preference

FORMER OCCUPATION

Accounting Professional	Human Resource Professional
Administrative Professional	Lawyer
Business Manager	Marketing Manager/Professional
Business/Strategy Consultant	Nurse
Communications	Physician
Computer/IT Professional	Project Leader/Manager
Direct Service Manager	Senior Executive
Facilities Management Professional	Social Worker
Finance Professional	Training/Teaching Professional
Fundraiser	Volunteer Coordinator/Manager
Other _____	

Is anyone else at the home address a **Northwest Valley Connect** volunteer? Yes No

If yes, relationship and name: _____

Please list your hobbies and any special skills you have:

Do you speak any foreign languages or know sign language? _____

Are you affiliated with any congregation? If so, please list: _____

Please indicate how you heard about **Northwest Valley Connect**: _____

When **Northwest Valley Connect** applies for grants from corporations and other organizations, some of them provide additional contributions for any of their employees or retirees who volunteer for us. Will you kindly provide us with the name of your current or former employer to assist us in qualifying for any contribution they may provide for your volunteer service? Thank you!

Name of previous or current employer: _____

Dear Volunteer,

In order to protect our visitors, clients and program participants, **Northwest Valley Connect** conducts background checks on all employee and volunteer applicants. This investigative consumer report may consist of contacting your listed personal references and may also include, but not be limited to, social security number verification, criminal history reports and driving history records.

Before we can order such reports from our bonded and confidential vendor, we must have your written permission to obtain your information. You have the right, upon written request, to a complete and accurate disclosure of the nature and scope of the investigation.

Thank you on behalf of Northwest Valley Connect for sharing our concern for others.

PERSONAL REFERENCES

Please list three references that are not relatives. If possible, please use local references.

Name/Relationship	Phone (with area code)	E-Mail	City/State
1) _____	_____	_____	_____
2) _____	_____	_____	_____
3) _____	_____	_____	_____

Have you ever been convicted of a crime (other than traffic violations)? **Yes** **No**

If yes, please explain (a conviction will not necessarily be cause for disqualification):

Has your driver’s license been revoked within the last 5 years? **Yes** **No**

If yes, please explain: _____

Have you had any moving violations or accidents within the last 3 years? **Yes** **No**

If yes, please explain: _____

Have you had a DUI/DWI within the past 5 years? **Yes** **No**

If yes, please explain: _____ Date: _____

Do you have, or are you subject to, any of the following that may impair your ability to drive?

- | | | |
|-----------------|----------------------|------------------|
| Blackouts | Breathing difficulty | Nervous disorder |
| Epilepsy | Loss of vision | Fainting spells |
| Heart condition | Loss of hearing | Dizziness |

If yes to any, please indicate if under doctor’s care and if condition under control:

Are you currently taking medication which may affect your ability to drive? **Yes** **No**

If yes, please explain: _____

Volunteer Application

CONSENT AND AUTHORIZATION TO RELEASE INFORMATION

I, _____
Last Name First Name Middle Name

Current Address Lived Here Since

Addresses for Past Seven Years *(if not current address)* **Dates of Residence**

Date of Birth Other/Maiden Names Years Used

Social Security Number

I hereby authorize verification of all information in my volunteer application from all sources of employment, education, motor vehicle, financial history, criminal history, personal character, and workers compensation records in accordance with ADA, labor and wage records, etc., or any part thereof, and authorize any duly authorized agent of IntelliCorp Records, Inc. to obtain, whether the said records are public or private, and including those which are deemed to be privileged or confidential in nature, and I release all persons from liability on account of such disclosures. Information appearing on this Consent and Authorization will be used exclusively by IntelliCorp Records, Inc. for identification purposes and for the release of information which will be considered in determining suitability for volunteering. I certify that I have made true, correct, and complete answers and statements on my volunteer application, any supplements to it and in any interview in the knowledge that they will be relied upon in considering my application for volunteer service. I agree to provide additional information that may be requested to process my volunteer application. I authorize without reservation, any party or agency contacted by IntelliCorp Records, Inc. to furnish the above-mentioned information. This authorization is valid during the course of my volunteer service to the extent permitted by law.

If applicable, I hereby **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 my application.

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 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 and termination of my volunteer service.

Printed Name

Signature

Date