

ADULT VOLUNTEER APPLICATION FORM 2018-2019

1. General Information

Name: _____ Date: _____ E-mail: _____

Address: _____ City: _____ Zip Code: _____

Home Phone: _____ Cell Phone: _____

What is the best time for the School to contact you? _____

Which phone number do you prefer the School to use? _____

2. Areas of Interest

Please complete the day, time and assignment you would like for this year:

_____ **Classroom Volunteer**

Preschool: _____

Kindergarten: _____

Grade 1: _____

Grade 2: _____

Grade 3: _____

Grade 4: _____

Grade 5: _____

_____ **Office/Mailing Volunteer**

Computer Knowledge: _____

_____ **Bravo music program & After School Homework Help: Monday through Thursday from 3:15 p.m. until 3:45 p.m.**

working one-on-one with students for tutoring and homework assistance

_____ **Kitchen Volunteer: Help prepare and/or serve lunch (10:00 a.m. until 1:00 p.m.)**

_____ **Special Volunteer: Fundraiser organizing, grandparents day, Thanksgiving dinner, holiday gift organizing, etc.**

3. Mandatory Background Checks

All volunteers are now required to have background checks. If you are bonded or otherwise checked through another agency, please indicate that below and skip to the last page and sign #5 - Acknowledgment.

_____ Yes, my background check is through _____

If you will be working with the children and do not have a background check, please proceed to #4. In order to defray the cost and keep our spending in the classroom, we ask that volunteers needing background checks make a \$10 donation for this purpose. Checks can be made payable to Children's Community School.

4. Background

AUTHORIZATION FOR CONSUMER REPORTS

Authorization

I hereby authorize procurement of consumer report(s) and investigative consumer report(s) by Company. If hired (or contracted), this authorization shall remain on file and shall serve as ongoing authorization for Company to procure such reports at any time during my employment, contract, or volunteer period. I authorize without reservation, any person, business or agency contacted by the consumer reporting agency to furnish the above-mentioned information.

This authorization is conditioned upon the following representations of my rights:

I understand that I have the right to make a request to the consumer reporting agency: Datasource, Inc (“Agency”), 1200 South Outer Road, Blue Springs, MO 64015, telephone number (877) 577-3832, upon proper identification, to obtain copies of any reports furnished to Company by the Agency and to request the nature and substance of **all information** in its files on me at the time of my request, including the sources of information, and the Agency, on Company’s behalf, will provide a complete and accurate disclosure of the nature and scope of the investigation covered by any investigative consumer report(s). The Agency will also disclose the recipients of any such reports on me which the Agency has previously furnished within the two year period for employment requests, and one year for other purposes preceding my request (California three years). I hereby consent to Company obtaining the above information from the Agency. I understand that I can dispute, at any time, any information that is inaccurate in any type of report with the Agency. I may view the Agency’s privacy policy at their website: www.datasourcecorp.com

I understand that if the Company is located in California, Minnesota or Oklahoma, that I have the right to request a copy of any report Company receives on me at the time the report is provided to Company. By checking the following box, I request a copy of all such reports be sent to me. Check here:

As a California applicant, I understand that I have the right under Section 1786.22 of the California Civil Code to contact the Agency during reasonable hours (9:00 a.m. to 5:00 p.m. (ETZ) Monday through Friday) to obtain all information in Agency’s file for my review. I may obtain such information as follows: 1) In person at the Agency’s offices, which address is listed above. I can have someone accompany me to the Agency’s offices. Agency may require this third party to present reasonable identification. I may be required at the time of such visit to sign an authorization for the Agency to disclose to or discuss Agency’s information with this third party; 2) By certified mail, if I have previously provided identification in a written request that my file be sent to me or to a third party identified by me; 3) By telephone, if I have previously provided proper identification in writing to Agency; and 4) Agency has trained personnel to explain any information in my file to me and if the file contains any information that is coded, such will be explained to me.

I understand that if I am applying for employment in New York, that I have the right to receive a copy of Article 23-A of the New York Correction Law _____ (initial if this applies).

I understand that if the report is provided to an employer in the State of Washington, that I can contact the following office for more information regarding my rights under Washington state law in regard to these reports: State of Washington Attorney General, Consumer Protection Division, 800 5th Ave, Ste. 2000, Seattle, Washington 98104-3188, (206) 464-7744.

I understand that I have rights under the Fair Credit Reporting Act, and I acknowledge receipt of the Summary of Rights _____ (initials).

Printed Full Name: _____

Signature: _____

Date: _____

APPLICANT/EMPLOYEE:				
Printed Full Name: _____				
(First)	(Middle)	(Last)		
Alias/Maiden Name(s): _____				
Social Security Number: _____			Date of Birth: _____	
Driver's License Number: _____			State of Issuance: _____	
Email: _____			Phone: _____	
(List all addresses during the past 7 years)				
Current: _____				
(Street)	(City)	(State)	(Zip)	(Dates)
Previous: _____				
(Street)	(City)	(State)	(Zip)	(Dates)
Previous: _____				
(Street)	(City)	(State)	(Zip)	(Dates)
Previous: _____				
(Street)	(City)	(State)	(Zip)	(Dates)
Previous: _____				
(Street)	(City)	(State)	(Zip)	(Dates)

5. Acknowledgement

I agree and acknowledge that the information provided in this application and all statements and representations that I have made are true and accurate. I understand that any false or misleading statements or the withholding of any pertinent information by me will disqualify me from being a volunteer. If I am accepted as a volunteer for the Children's Community School, I agree that I will abide by all applicable School requirements and will at all times act in the best interests of the School and the students. I authorize the School to verify any information that I have provided in this Application. I understand and agree that I am volunteering my time to the School; that I do not expect to receive any compensation or wages for my services and; and that I will not considered an employee of the School in any way.

Name: _____ Date: _____

WE THANK YOU FOR YOUR INTEREST IN VOLUNTEERING FOR THE SCHOOL!