



Little Brothers-Friends of the Elderly
 909 Hyde Street, Suite 628, San Francisco CA 94609 • 415-771-7957 • Fax 415-771-7985
 www.littlebrothers.org/sanfrancisco • sanfrancisco@littlebrothers.org

Volunteer Application

CONFIDENTIAL DATA

Today's Date: _____ Name: _____

Street Address: _____ City: _____ Zip: _____

Daytime Phone: _____ Evening Phone: _____

Email Address: _____

If employed, your employer: _____ Job Title: _____

If student, your school: _____ Field of Study: _____

Emergency Contact: _____

Address: _____

Relation to you: _____ Phone Number: _____

Have you ever applied to be a Little Brothers-Friends of the Elderly volunteer? If so, when did you apply and for which program(s)? _____

The following information is optional and will be used for statistical purposes only.

Birthdate: _____

Gender Identity: Female Male Transgender How did you hear about us? _____

Racial or Ethnic Identification: _____

What languages do you speak? _____

What languages do you read and write? _____

Which of the following do you have? (check all that apply)

Car Truck Driver's License Auto Insurance

1. Which of the following are you applying for?

Visiting Volunteer Program

Medical Escort/On-Call Program

Special In-Home Visiting Events/Parties

Office Support

Please list any other interests/expertise (ex. photography, cooking, writing, fundraising, computer support)

2. When are you available? Weekdays _____ Weeknights _____ Weekends _____

3. If applying to be a Visiting Volunteer:
 Are you able to make at least a one year commitment? ___Yes ___No
 Can you commit to attending three In-service trainings a year? ___Yes ___No
4. Describe briefly why you are interested in Little Brothers-Friends of the Elderly, what you hope to gain, and what you hope to contribute.
5. Describe your current and/or previous volunteer experience(s).
6. Describe any major life changes you've experienced in the past twelve months.
7. What are some of your other personal and/or professional obligations?
8. Do you have any personal health concerns that might impact your work as a volunteer? (i.e., allergies)
9. Our clients, staff, and volunteers come from many different backgrounds. They may include people of different ethnicities, genders, or sexual orientations, people who recovering drug/alcohol users, or people altered by illness. How might you be challenged working with people who have different life experiences from your own?

* If you plan to drive elders at any point, please complete the attached "Notification and Authorization to Obtain Information" and provide a copy of your current automobile insurance certificate. These are required to comply with our liability insurance coverage.

If you do not plan to transport seniors, please sign the statement below:

I do not intend to transport seniors at any time during my volunteer service with Little Brothers-Friends of the Elderly.

Signature _____ Date _____

REFERENCES (other than relatives)

1.) Name _____ Relationship _____
 Day phone _____ Evening Phone _____
 Email _____

2.) Name _____ Relationship _____
 Day phone _____ Evening Phone _____
 Email _____

NOTIFICATION and AUTHORIZATION TO OBTAIN INFORMATION

In connection with my volunteer service with **Little Brothers Friends of the Elderly**, I understand that prior to or at any time after my volunteer service commences, a Consumer Report may be requested from **InfoLink Screening Services, Inc.** (herein: "InfoLink") from public records including only a motor vehicle operation history to the extent permitted by law from any state Department of Motor Vehicles. I understand the Consumer/Investigative Consumer Report which may be requested may include information as to my character, general reputation, personal characteristics and mode of living.

I VOLUNTARILY AND KNOWINGLY AUTHORIZE ANY STATE DEPARTMENT OF MOTOR VEHICLES TO GIVE RECORDS OR INFORMATION THEY MAY HAVE CONCERNING MY MOTOR VEHICLE HISTORY/DRIVING RECORDS.

In accordance with the Fair Credit Reporting Act, the California Consumers Investigative and Credit Reporting Agencies Acts, and in accordance with the Federal Trade Commission staff opinions, I understand that I have the right to request a complete and accurate disclosure of the nature and scope of the investigation requested. Further, I am entitled to know if my offer of volunteer service is denied because of information obtained by Little Brothers, Friends of the Elderly, from a Reporting Agency. If so, I will be so advised in writing and be given the name and address of the agency including their toll free number, a statement that the action was based in whole or in part on information contained in the Report, and written notice that I have the right (i) if I request, to obtain within sixty days a free copy of the Report from the Reporting Agency (under no circumstances shall such cost exceed the actual costs of duplication), and from any other Consumer Reporting Agency which compiles and maintains files on consumers on a nationwide basis; and, (ii) to dispute the accuracy or completeness of any information in a consumer report furnished by the Reporting Agency. I understand that upon my request with reasonable notice and after furnishing proper identification, **InfoLink's** trained personnel will provide me with investigative information in my file during normal business hours in person or upon written request, by certified mail to a specified addressee, or telephone as permitted by law. Further, I understand that I should I wish to review my file in person, I am permitted to be accompanied by one other person of my choosing who shall furnish reasonable identification.

I understand that InfoLink is a Consumer Reporting Agency and it is InfoLink's policy neither to be involved in nor to make decisions or recommendations about my offer of volunteer service; however InfoLink will provide a written explanation of any coded information contained in my file. InfoLink's privacy policy limits the information it provides to the Subscriber named herein, however I hereby authorize the Subscriber to share such information with parties in interest who have a "need to know" such information to protect them and their employees. Such information may include names and dates of other Subscriber inquiries to InfoLink. InfoLink does not sell or otherwise provide any of the information found in its background investigations to any other party.

I understand that *any* Consumer Report or Investigative Consumer Report requested will be used strictly for purposes of determining my suitability for volunteer service as defined under §603(h) of the Fair Credit Reporting Act, as a report to be used for the purpose of evaluation for volunteer service. I understand that any agreement to accept volunteer service will be conditional upon the receipt of satisfactory information as required and that to be considered for volunteer service I must authorize the procurement of such Report(s).
 A photographic or faxed copy of this form shall be as valid as the original.

THE FOLLOWING MUST BE FILLED OUT COMPLETELY AND SIGNED FOR YOUR APPLICATION TO BE CONSIDERED
(Please print)

LAST NAME _____ FIRST NAME _____ MIDDLE NAME/INITIAL _____

HOME ADDRESS _____

CITY _____ COUNTY _____ STATE _____ ZIP _____

SOCIAL SECURITY NUMBER _____ DRIVER'S LICENSE NUMBER _____ STATE ISSUED _____

FOR IDENTIFICATION PURPOSES, PLEASE PROVIDE: FULL DATE OF BIRTH: _____

HAVE YOU USED ANY NAMES OR SOCIAL SECURITY NUMBERS OTHER THAN ABOVE? Yes No

Please List Other Names Used _____ Please List Other SS Number Used _____

(Please sign)

 Signature Authorizing the Procurement of the Consumer Report and/or Investigative Consumer Report (= motor vehicle operation history) TODAY'S DATE _____

I understand that in California, Minnesota, or Oklahoma if a CONSUMER REPORT was requested, I may order a copy of such report and it will be mailed to me immediately: Yes, please send me a copy of my Credit/Consumer Report NOTE: In CA, a credit report will be sent only if requested by Subscriber



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