

Volunteers of America

Volunteer Application (Idaho)

Basic Information:

Full Name: _____

Preferred Name (If different): _____

Address: _____

Date of Birth: _____

Contact Information:

Home Phone: _____ Best time/s to call: _____

Cell Phone: _____ Best time/s to call: _____

Work Phone: _____ Is it alright to call you at work? _____

Email Address: _____

Employer: _____

Occupation: _____

Emergency Contact:

Full Name: _____

Relationship to You: _____

Phone Number: _____

Interests & Skills:

1) Which volunteer position appeals to you most (see www.voaspokane.org/volunteer)?

2) Why would you like to volunteer at our agency? _____

3) Highest level of Education Completed: _____

4) Major area of Study or Area of Special training: _____

5) Hobbies, Skills, Special Interests: _____

6) Tell us a little about yourself: _____

How did you hear about us?

Friend/Family Member Our Volunteer Coordinator

Radio T.V. Our Website Other _____

What type of volunteer work interests you? Check ALL that apply to you.

Tutoring Working in groups or on teams

Holding a fundraiser Wrapping Christmas gifts

Janitorial/Cleaning Maintenance or Yard Work

Providing a Meal Working one-on-one with an individual

Public speaking Daytime Receptionist (M-F)

Sharing a skill or talent Collecting items needed (food, toiletries, clothes, etc.)

What is your special skill? _____

Other: _____

Availability:

1) When is best for you to volunteer?

I am flexible Prefer weekends Other: _____

Prefer weekdays Prefer evenings

2) How often would you like to volunteer?

___ Weekly ___ Occasionally ___ Monthly ___ Other: _____

- 3) Do you have access to transportation to get to and from your volunteer work?
___ Yes ___ No

Background Information:

- 1) Have you ever been convicted of a criminal offense? ___ Yes ___ No

- 2) If yes, please explain: _____

- 3) If you have a disability, please list any accommodations you may need to volunteer:

References: Please list at least 3 total references in the below sections who have known you for at least 2 years and are not relatives. *(Email addresses are very helpful and often speed up the process.)*

Past Employment			
Name of Company	Supervisor	Phone # / Email	Start & End Dates

Previous/Current Volunteer Experience			
Name of Company	Supervisor	Phone # / Email	Start & End Dates

Other References			
Name of Company	Supervisor	Phone # / Email	Start & End Dates



Statement of Policy: The Drug Free Workplace

It is the policy of Volunteers of America of Eastern Washington and Northern Idaho that the unlawful manufacture, distribution, possession or use of a controlled substance or illegal drug of any type in or near the office, property, or workplace(s) of Volunteers of America of Eastern Washington and Northern Idaho is strictly prohibited. Reporting to work while debilitated by “private” and/or off-site usage of controlled substance is strictly prohibited.

It is the policy of Volunteers of America of Eastern Washington and Northern Idaho that employees and volunteers may not report to work under the influence of alcohol, use or possess alcohol near the offices, property, or workplace(s) of Volunteers of America of Eastern Washington and Northern Idaho.

Any employee/volunteer who is in violation of this policy shall be subject to disciplinary action which may include suspension and/or termination.

It is a condition of employment/volunteering that each employee/volunteer agrees to abide by the policy statement set forth herein. In addition, it is also a condition of employment/volunteering that each employee/volunteer agrees to notify Volunteers of America of Eastern Washington and Northern Idaho of any drug-related conviction or alcohol-related conviction within five days of the date of any judgment of conviction.

It is understood that any employee/volunteer who is convicted of an alcohol or drug-related offense shall be subject to disciplinary action, which may include suspension or termination.

Volunteers of America of Eastern Washington and Northern Idaho reserves the right to require any employee/volunteer convicted of a drug offense or in violation of this policy to submit to drug counseling and/or rehabilitation services as part of disciplinary action.

This statement of policy is presented to you and adopted by Volunteers of America of Eastern Washington and Northern Idaho pursuant to provisions of the Drug Free Workplace Act of 1988.

Employee/Volunteer Signature

Date



Confidentiality Agreement

The protection of information is vital to the interests of Volunteers of America. I, _____ understand that in the course of my volunteer activities with Volunteers of America I may have access to and become acquainted with information of a confidential, propriety, or secret nature that is or may be applicable or related to the present future business of Volunteers of America, its research and development, or the business of its customers. Such information includes, but is not limited to the following:

- Identifying and other information about clients, former clients, or persons seeking services, including names, personal information, or other program information;
- Compensation, other confidential personnel information of staff or volunteers;
- Financial information, vendor or donor information, contribution lists, and other information; and
- Marketing strategies and data, new material research, pending projects and proposals, research and development strategies, materials, products, designs, plans, ideas, and data of the organization.

I agree to not disclose any of the above-mentioned information or other organizational information directly or indirectly and agree not to violate the spirit or intent of this provision. It is a violation of Volunteers of America's policy for any volunteer or staff member to divulge organizational information to any person or persons other than appropriate Volunteers of America staff members or its designates.

I understand that breach of confidentiality or disclosure of organizational information may be cause for dismissal from my position as a volunteer with Volunteers of America.

Employee/Volunteer Signature

Date



Background Check Permission Form

In order to protect our clients, we at Volunteers of America run very thorough background checks on all employees and volunteers.

I hereby authorize Volunteers of America to perform a check of my background, including:

- All Criminal Records
- All Driving Records
- Past Employment/Volunteer History
- Personal References
- CPS History

and other persons or sources as appropriate for the volunteer positions which I have expressed an interest.

I understand that I do not have to agree to this background check, but that after refusal to do so will exclude me from consideration for some types of volunteer positions.

I understand that information collected during this background check will be limited to what is needed to determine my suitability for particular types of volunteer positions.

I hereby also extend my permission to those individuals or organizations contacted for the purpose of this background check to give their full and honest evaluation of my suitability of the described work and other information that they deem appropriate.

Potential Volunteer Name (please print)

Potential Volunteer Signature

Date



**IDAHO STATE POLICE
BUREAU OF CRIMINAL IDENTIFICATION**



NAME BASED CRIMINAL BACKGROUND CHECK FORM
of the Idaho Central Repository of Criminal History Records

*A separate form must be used for each request. Do not use staples on the forms. **A \$10 processing fee must be included.** Make checks or money orders payable to the Idaho State Police. **We do not accept personal checks from the applicant when a company or agency is the requesting party.***

Please print clearly in blue or black ink only. A \$20.00 fee will be charged for any returned checks.

REQUEST				
Please provide an Idaho Criminal History on the individual named below.				
Last Name		First Name		Middle Name
Alias Names (Include Maiden/prior Married Names)	Date of Birth (mm/dd/yy)	Sex	Race	Social Security Number (optional)
Address		City	State	Zip
WAIVER				
Idaho law does not require a waiver. However, without a signed waiver from the subject of the record, any arrest more than 12 months old, without a disposition, cannot be given to a non-criminal justice agency.				
I hereby give permission for the requester, named below, to receive any information maintained by the Idaho Bureau of Criminal Identification concerning myself.				
Signature			Date	
<i>This signature on the waiver must be within 180 days of the name check submission.</i>				

TO BE COMPLETED BY COMPANY OR PERSON REQUESTING BACKGROUND INFORMATION

Requesting Person or Company	Address of Requester (Results will be mailed to this address)
Printed Name of Requestor (Print Legibly)	Signature of Requestor

Results of Non-Certified Record Search

Record Attached <input type="checkbox"/>	No Record Found <input type="checkbox"/>	BCI Initials	Date
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Idaho law does not require a person to give consent. However, without a signed release from the subject of record, any arrest more than 12 months old, without a disposition, cannot be given to a non-criminal justice agency.

Criminal history record information furnished as a result of a non-fingerprint based computerized search is based solely on a search of identifiers provided in the request. Be aware it is not uncommon for criminal offenders to use alias names and false dates of birth, which would adversely affect the completeness and accuracy of a non-fingerprint based search of the Idaho Central Repository of Criminal History Records. No other state or federal agency records can be searched under current law. The bureau does not telephone or fax responses. Please allow ample time for processing this request. Requests are processed on a first come basis.

The records maintained by the Idaho Bureau of Criminal Identification (BCI) are based upon the felony and serious misdemeanor arrests reported to BCI from other Idaho criminal justice agencies. If a person disputes the accuracy of information obtained, that person may challenge the information by writing to the address on this form.

Idaho code 67-3008 (6) states, "A person or private agency or public agency, other than the department, shall not disseminate criminal history record information obtained from the department to a person or agency that is not a criminal justice agency or court without a signed release of the subject of record unless otherwise provided by law.

**700 S. STRATFORD DR. STE. • 120 MERIDIAN, ID 83642
(208) 884-7130 • FAX (208) 884-7193**



**STATE OF WASHINGTON
DEPARTMENT OF CHILDREN, YOUTH, AND FAMILIES**

1313 N. Atlantic, Ste. 2000 Spokane, WA. 99201

Cover sheet for background processing

Group Care Agency/Site _____

Provider Number _____

Employee Employee recheck Volunteer

Or

Foster Home - Name _____

CPA Employee – Name _____

