



Friends for Life

VOLUNTEER APPLICATION

PERSONAL INFORMATION:

Name: _____

Address: _____

City/State/Zip: _____

Home Phone: _____ Work Phone: _____

Email: _____

Date of Birth: _____ S.S. Number: _____

Driver's License Number: _____ State Issued: _____

EMPLOYMENT INFORMATION:

Employer: _____

Address: _____

City/State/Zip: _____

Position: _____

Title: _____

EDUCATION:

Level of Education Completed: _____ High School or GED

_____ College

_____ Graduate School

_____ Business/Vocational University or College Name:

Area of Study: _____

VOLUNTEER INFORMATION:

How did you learn about Heart of Montgomery County, Inc and/or Friends for Life?

- Newspaper
- Radio
- Television
- School
- Speaker
- Another volunteer, if so name of volunteer: _____

Are you volunteering to fulfill an internship or class requirement? Yes No If yes, how many hours are you required to complete? _____

What languages do you speak: English Other(Please list below)
 Spanish _____

Please tell us about your interests, skills, and abilities so that we may best place you within Heart of Montgomery County, Inc and/or Friends for Life?

What type of volunteer work are you most interested in? _____

What type of volunteer work are you least interested in? _____

Are you able to make at least a three presentation commitment? Yes No
If no, please explain: _____

When are you available to volunteer? (Please indicate days and hours available):

Do you wish to have a consumer contact or a non-consumer contact position?
 With consumers
 Non-consumer position

Why do you want to volunteer with Heart and/or Friends for Life?

*** NOVEMBER 1, 2007 OR NOVEMBER 2, 2007.**

PERSONAL REFERENCES

Please list three personal references that are not related to you and have known you for at least two years. Please provide a complete address and phone number for each individual listed.

Name: _____
Address: _____
Phone: _____ Email: _____

Name: _____
Address: _____
Phone: _____ Email: _____

Name: _____
Address: _____
Phone: _____ Email: _____

Who should we contact in case of an emergency:

Name: _____ Phone: _____

You may attach your resume.

IMPORTANT INFORMATION

- **I understand that Heart of Montgomery County, Inc will conduct a criminal background check and that by signing this application, I give Tri-County MHMR permission to complete this part of the volunteer screening process.**
- **I must complete all orientation/training and provide three personal references before I can work as a volunteer for Heart of Montgomery County/ Friends for Life.**
- **I understand that Heart of Montgomery County, Inc may contact my personal references.**

Signature: _____

Date: _____

PreCheck Pre-employment Disclosure & Release

Applicant's Full Name: _____

Any other Name You Have Worked Under: _____

Social Security No.: _____ Date of Birth: _____

Current Address: _____

City: _____ State: _____ ZIP: _____

Driver's License No.: _____ State: _____

Pursuant to the requirements of the Fair Credit Reporting Act, I acknowledge that a credit report, consumer report² and/or investigative consumer report³ may be made in connection with my application for employment with prospective employer. (including contract for services). I understand that these investigative background inquiries may include credit, consumer, criminal, driving, prior employment and other reports. These reports may include information as to my character, work habits, performance and experience, along with reasons for termination of past employment from previous employers. Further, I understand that prospective employer and PreCheck, Inc., may be requesting information from various Federal, State, and other agencies which maintain records concerning my past activities relating to my driving, credit, criminal, civil and other experiences, as well as claims involving me in the files of insurance companies.

I authorize, without reservation, any party or agency contacted by PreCheck, Inc. to furnish the above mentioned information.

A photocopy of this authorization shall have the same effect as the original.

I understand the information obtained will be used as one basis for employment or denial of employment. I hereby discharge, release and indemnify prospective employer, PreCheck, Inc., their agents, servants and employees, and all parties that rely on this release and/or the information obtained with this release from any and all liability and claims arising by reason of the use of this release and dissemination of information that is false and untrue if obtained from a third party without verification.

It is expressly understood that the information obtained through the use of this release will not be verified by PreCheck, Inc.

The authorization granted herein expires one year from the date hereof.

I have read and understood the above information, and assert that all information provided by me is true and accurate.

Applicant's Signature: _____

Date: _____

If you are denied employment, either wholly or partly because of information contained in a consumer report, a disclosure will be made to you of the name and address of the investigative agency making such report. Upon your written request within a reasonable period of time, the investigative agency compiling the report will make a complete and accurate disclosure of the nature and scope of the investigation.

¹ The Age Discrimination in Employment Act of 1987 prohibits discrimination on the basis of age with respect to individuals who are at least 40 years of age. This information is for consumer report purposes only.

² A consumer report may consist of employment records, educational verification, licensure verification, driving record, previous address and public records relative to criminal charges.

³ An "Investigative Consumer Report" means a consumer report or portion thereof in which information on a consumer's character, general reputation, personal characteristics, or mode of living is obtained through personal interviews with persons having knowledge.