



Interlink

Enabling elders and people with disabilities to live independently in their own homes

VOLUNTEER APPLICATION

817A 6th Street, Clarkston WA 99403-2002

Email: director@interlink-volunteers.org Office Phone: 509-751-9143

(Please use print letters)

Full Name: _____

Home Address: _____

City/State: _____

Phone: Home: _____ **Work:** _____

Mobile: _____ **Email:** _____

Birth Date: _____

Gender(opt.): (Please circle one) **F** **M** **Self Describe** _____

In case of emergency, please contact: _____ **Emergency contact relation to you:** _____

Emergency contact Phone No. (day) _____ **(evening)** _____

Any health limitations, allergies or other concerns, we should be aware of? _____

Do you own a car? _____ **truck?** _____ (please check all that apply)

Do you carry insurance on your vehicle? **Y** **N** (Please circle one)

Faith Community/Church Affiliation: (opt.) _____

INTERESTS/TRAININGS/SKILLS:

Special Training/Schooling/Languages: _____

Special Interests, Skills or Hobbies: _____

Who or what prompted you to volunteer? _____

Skills I am willing to share:

- Local Transports Local Transports w/Shopping Assistance Long Distance Transports
 - Home Repair Building or Painting Wheelchair Ramps Office/Computer/Data Entry
 - Fundraising Communication/Social Media/Publicity/Special Events Leadership/Board Member
- Other (Explain) _____

Do you agree to submit to a background check? **Y** **N** (Please circle one)

REFERENCES:

References: Name _____ Relationship _____ Phone No. _____

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AVAILABILITY: List your availability or preferences (example: No Monday mornings, etc.)

Please attach a photocopy of your CURRENT proof of auto insurance and driver's license when returning this form.

Interlink does not discriminate based on race, color, gender, religion, national origin, age or disability.

INTERLINK VOLUNTEER AGREEMENT

INTERLINK is dependent upon a climate of mutual caring and trust between volunteers and the recipients they serve. When a person seeks assistance through the program, personal information is shared, such as income, medical problems, and age. As volunteers work with recipients, they observe lifestyles, belongings, and family situations. All recipient information will be kept confidential.

INTERLINK offers secondary volunteer liability insurance coverage for all volunteers. We will be required to provide the office with proof of current vehicle insurance coverage, and a valid driver's license.

Mileage reimbursement is available for all volunteers. Volunteers are requested to record and report all activities or mileage changes to the office staff by the 5th day of the month following the activity.

INTERLINK reserves the right to refuse any application on any basis deemed reasonable.

All information provided to **INTERLINK** on this form, is confidential.

Background Check Information

I understand that Verified Volunteers, 113 South College Avenue, Fort Collins, CO 80524, 855-326-1860 will obtain a consumer report and/or investigative consumer report ("Report") as part of the Volunteer background screening process. I also understand that further Reports may be obtained by VERIFIED VOLUNTEERS so as to update my Report.

I understand the Verified Volunteers investigation may include obtaining information regarding my criminal record, subject to any limitations imposed by applicable federal and state law. I understand such information may be obtained through direct or indirect contact with public agencies or other persons who may have such knowledge. If an investigative consumer report is being requested, I understand such information may be obtained through any means, including but not limited to personal interviews with my acquaintances and/or associates or with others whom I am acquainted. The nature and scope of the investigation sought is indicated by the following services: Criminal Background Check, Sex Offender Search, Motor Vehicle Report, and OFAC/Terrorist Watch List. I acknowledge receipt of the attached summary of my rights under the Fair Credit Reporting Act and, as required by law, any related state summary of rights (collectively "Summaries of Rights").

This consent will not affect my ability to question or dispute the accuracy of any information contained in a Report. I understand if an Organization with whom I've shared my background check makes a conditional decision to disqualify me based all or in part on my Report, I will be provided with a copy of the Report and another copy of the Summaries of Rights, and if I disagree with the accuracy of the purported disqualifying information in the Report, I must notify the Organization within five business days of my receipt of the Report that I am challenging the accuracy of such information with VERIFIED VOLUNTEERS.

I hereby consent to this investigation and authorize VERIFIED VOLUNTEERS to procure a Report on my background.

In order to verify my identity for the purposes of Report preparation, I am voluntarily releasing my date of birth, social security number and the other information and fully understand that all volunteer decisions are based on legitimate non-discriminatory reasons.

A Summary of Your Rights Under the Fair Credit Reporting Act the Federal Fair Credit Reporting Act (FCRA) promotes the accuracy, fairness, and privacy of information in the files of consumer reporting agencies. There are many types of consumer reporting agencies, including credit bureaus and specialty agencies (such as agencies that sell information about check writing histories, medical records, and rental history records). Here is a summary of your major rights under the FCRA. **For more information, go to www.consumerfinance.gov/learnmore or write to: Consumer Financial Protection Bureau, 1700 G Street N.W., Washington, DC 20552.**

I understand the need for **INTERLINK** in the valley and that my volunteer assignment is an important commitment. I will make every attempt to live up to the responsibility.

I understand the importance of accurate record keeping for the welfare of both the recipient and **INTERLINK**.

I agree to observe and fulfill the above statements.

Please sign here: _____ / ____ / ____

VOLUNTEER SIGNATURE

DATE

Please remember to include the copy of your current auto insurance coverage, and valid driver's license with this signed form.

Office use only:

Date application received: _____ / ____ / ____
STAFF NAME DATE

References checked by: _____ / ____ / ____
STAFF NAME DATE

Background check processed on: ____ / ____ / ____

Volunteer notification and start date: ____ / ____ / ____