



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

VOLUNTEER ENROLLMENT/UPDATE FORM

549 5th St. Suite #E, 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.): F M Other

In case of emergency, please contact:

Phone:

Do you have any limitations, allergies, or other health concerns that we should be aware of?

Do you own a car? _____ A truck? _____

Faith Community/Church Affiliation: (opt.)

Would you like to be Reimbursed for your Mileage and/or other expenses? Yes No

Have you received your COVID-19 Vaccinations? Yes No

INTERESTS/TRAININGS/SKILLS/LANGUAGES:

Who or what prompted you to volunteer?

Skills I am willing to share:

___ Local Transports ___ Local Transports w/Shopping ___ Personal Shopping and/or Delivery

Assistance

___ Home Repair ___ Building or Painting Wheelchair ___ Office/Computer/Data Entry

Ramps

___ R U OK Care Calls ___ Communication/Social ___ Media/Publicity/Special Events

___ Leadership/Board Member

Other:

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

REFERENCES:

Name Relationship Phone:

Name Relationship Phone:

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

Interlink, Inc. does not discriminate on the basis of race, color, religion (creed), gender, gender expression, age, national origin (ancestry), disability, marital status, sexual orientation, or military status, in any of its activities or operations.

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.

Applicant Signature _____ Date: ____ / ____ / ____

Staff Signature _____ Date: ____ / ____ / ____