

GREAT FUTURES START **HERE.**



BOYS & GIRLS CLUBS OF SOUTH CENTRAL TENNESSEE

Volunteer Application

Volunteers are an extremely important part of Boys & Girls Clubs of South Central Tennessee's daily operation. Mentoring a child can be a very rewarding experience; you can save a child's life by being there for them. For these and many more reasons, Boys & Girls Clubs of South Central Tennessee has adopted a screening process for our volunteers as well as employees. Your cooperation with these policies is greatly appreciated.

Name: _____ Home Phone _____

Home Address _____ Cell Phone: _____

City _____ State: _____ Zip _____

Gender: _____ DOB: _____ Race: _____ DL# _____

Have you ever been affiliated with another Boys & Girls Club? _____

If yes, where and when: _____ Positions held _____

All staff and volunteers are subject to an electronic background check, including motor vehicle reports, finger printing, criminal background investigation, and requesting a drug test.

I, _____ give Boys & Girls Clubs of South Central Tennessee permission to complete a background investigation on myself for the sole purpose of volunteering at "The Club" working with the members. I agree to and understand that Boys & Girls Clubs of South Central Tennessee is not and cannot be held liable in the event of accident or injury to myself.

Applicant signature

Date

In case of emergency please notify: _____	
Names	_____
Address _____	City _____ State _____
Relationship _____	Phone # _____
Business Phone _____	Cell Phone _____

Date _____ Social Security # _____

Social security number is needed to run the background check and is kept secure.

Email address _____

High School _____ Last Year _____

College _____ Last Year _____

Degree _____ Currently in School? Yes No

List volunteer positions held over last five years _____

I prefer to work with: Grades K-5 _____ Grades 6-12 _____

Programs/activities you are interested in? _____

Hours per week you are available to volunteer? _____

Days of week most convenient for you? _____

Date available to begin? _____

Total hours you wish to volunteer? _____

Will your volunteer time fulfill school, community service, personal,
or organization required time? Please explain. _____

Character References

Name _____ Phone _____

Name _____ Phone _____

Attention Volunteer

We've been informed by our insurance company that, because you are not an employee, workmen's compensation is not provided for you by our organization. Please see our Chief Executive Officer Ginny Wright if you have any questions.

Also, be advised that a background check is run on any volunteer who works with Club kids.

Signature



AUTHORIZATION AND RELEASE TO OBTAIN INFORMATION

Under the provisions of the Fair Credit Reporting Act, 15 USC, Section 1681 et seq., the Americans with Disabilities Act and all applicable federal, state, and local laws, I hereby authorize and permit VeriScreen, Inc. aka VeriRent to obtain a consumer report and/or an investigative consumer report which may include the following:

1. My employment records;
2. Records concerning any driving, criminal history, credit history, civil record, workers' compensation (post-offer only) and drug testing;
3. (For truck drivers only) In accordance with the Department of Transportation Motor Carrier Safety Regulations, Section 382.413, information concerning alcohol and controlled substances for the past 3 years;
4. Verification of my academic and/or professional credentials; and information and/or copies of documents from any military service records.

I understand that an "investigative consumer report" may include information as to my character, general reputation, personal characteristics, and mode of living, which may be obtained by interviews with individuals with whom I am acquainted or who may have knowledge concerning any such items of information. I am entitled to know if employment or promotion is denied because of information obtained by my prospective employer from a Consumer Reporting Agency.

I agree that a copy of this authorization has the same effect as an original and if my application is accepted I understand that VeriScreen will be allowed to perform a background check on a yearly/quarterly or during the process of determining a promotion, re-certification, continued qualification or as the result of reasonable suspicion. I understand and acknowledge that under provision of the Fair Credit Reporting Act I may request a copy of any consumer report from the consumer reporting agency that compiled the report, after I have provided proper identification.

I authorize VeriScreen, Inc. aka VeriRent to obtain and prepare an investigative consumer report as set forth above, as part of its investigation of my employment application. This authorization shall remain in effect over the course of my employment. Reports may be ordered periodically during the course of my employment. **NOTE: Except for those states where an annual release is required, i.e. California (CALIFORNIA – Continuing consent concept is inapplicable and a separate authorization must be requested each time a report is ordered. - CA Civ. Code 1786.22)**

New York and Maine applicants or employees only: You have the right to inspect and receive a copy of any investigative consumer report requested by the Company by contacting the consumer reporting agency identified above directly. You may also contact the Company to request the name, address, and telephone number of the nearest unit of the consumer reporting agency designated to handle inquiries, which the Company shall provide within 5 days.

New York applicants or employees only: Upon request, you will be informed whether or not a consumer report was requested by the Company, and if such report was requested, informed of the name and address of the consumer reporting agency that furnished the report. By signing below, you also acknowledge receipt of Article 23-A of the New York Correction Law.

Oregon applicants or employees only: Information describing your rights under federal and Oregon law regarding consumer identity theft protection, the storage and disposal of your credit information, and remedies available to you should you suspect or find that the Company has not maintained secured records is available to you upon request.

Washington State applicants or employees only: You also have the right to request from the consumer reporting agency a written summary of your rights and remedies under the Washington Fair Credit Reporting Act.

California applicants or employees only: By signing below you also acknowledge receipt of the Notice Regarding Background Investigation Pursuant to California Law. Please check this box and return this page if you would like to receive a copy of an investigative consumer report or consumer credit report at no charge if one is obtained by the Company whenever you have a right to receive such a copy under California Law.

Minnesota and Oklahoma applicants or employees only: Please check this box and return this page if you would like to receive a copy of a consumer report if one is obtained by the Company.

Full Name: _____

(Please print clearly)

Signature

Date

Address: _____ City: _____ State: _____ Zip: _____

International Address: If Applicable _____

DOB: _____ SS# _____ Driver's License Number: _____

Email: _____

Date of birth is being requested only for the purpose of identification in obtaining accurate retrieval of records, and will not be used for discriminatory purposes