

Today's Date:



14 Health Services Drive DeKalb, IL 60115
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E-mail: ssevering@fsadekalbcounty.org

VOLUNTEER APPLICATION

Please answer the following questions concerning your personal history. This information is in place in order to comply with our data entry system. Some questions are asked for matching purposes and will not affect application status but are essential for a thorough evaluation.

Form with fields: First Name, Middle Name, Last Name, Phone Number, Local Address, Date of Birth, City, State, Zip, Email, Permanent Address, Ethnic Background, Social Security Number, Occupation, Employer, Work Hours.

Form with fields: Emergency Contact, Relationship, Address, City, State, Zip, Phone Number.

Form with fields: Do you own a car?, License plate number, Year, Make, Model, Auto Insurance Company, Policy Number.

Character References

1. Personal Reference		Name:
Phone Number:	Email:	
How long have you known this person and in what capacity?		
2. Professional Reference		Name:
Phone Number:	Email:	
How long have you known this person and in what capacity?		
3. Professional Reference		Name:
Phone Number:	Email:	
How long have you known this person and in what capacity?		
5. Senior Serving Organizations where you have had work/volunteer experience, if applicable		Name:
Phone Number:	Email:	
How long have you known this person and in what capacity?		

Do you speak a foreign language? If yes, please list _____

Have you ever been convicted of a felony or misdemeanor, including a DUI? This would not include minor traffic violations or a case that has been expunged, sealed, dismissed, erased, or pardoned.

Note: Answering yes will not necessarily disqualify a person's eligibility to participate in the program. If yes, please explain.

Volunteer Driver Agreement

PLEASE INCLUDE A PHOTOCOPY OF YOUR DRIVER'S LICENSE & PROOF OF INSURANCE

If the use of an automobile is necessary in performance of my duties as a Senior Connections volunteer, I agree that:

1. It will be operated in accordance with the traffic laws of the state in which it is driven.
2. The vehicle will be in safe mechanical condition.
3. If I am involved in an accident while on a volunteer assignment, I will notify the Senior Connections (SC) case manager as soon as possible.
4. I will not drive with any amount of alcohol in my blood while on an outing.
5. I will maintain valid liability and property damage insurance on my automobile.
6. I will not knowingly drive any uninsured vehicle while transporting seniors in the SC program.
7. I will understand that this agency does not provide primary insurance coverage for volunteers driving their own vehicles.
8. I understand that part of the screening process for SC of DeKalb County includes checking my motor vehicles driving record and verifying automobile insurance coverage through my agent or company.

PHOTO RELEASE

During SC events and activities, photographs may be taken of volunteers and seniors that may be used for SC public relations purposes. Please check if you **DO** or **DO NOT** want your name and/or picture to be used in SC public relations materials (including the Family Service Agency website www.fsadekalbcountry.org and any photo's submitted to SC staff).

The following information is requested for purposes of partnering the volunteer with a senior.

What interests/hobbies do you have?

Are there any activities that you strongly dislike?

Are there any activities in which you cannot participate?

Any other 'Interest Information' we should know?

Days/Times available to volunteer

Smoking Preference (Okay if client smokes or non-smoking house only)

Are you okay with visiting a home with pets? Do you have any specific preferences regarding pets?

Do you have physical limitations like difficulty climbing stairs or hearing or sight impairment? If yes, please explain

I, _____, have received, read and understand the *Transportation Agreement, Statement of Client Rights, and Photo Agreement* provided by Family Service Agency's Senior Connections of DeKalb County.

Signed

Date

Signature of SC Staff

Date

NOTICE AND AUTHORIZATION FOR BACKGROUND CHECK

NOTICE

This is to inform you Family Service Agency – Senior Connections (“FSA-SC”) may obtain information about you and/or your history related to potential criminal activity. The report from authorized sources may include, among other information, arrest, conviction, and driving record information. FSA-SC may additionally obtain information concerning your background, character, medical conditions, employment, education, and military experience. Information obtained by FSA-SC will be used only for the purposes of assessing your suitability to become a volunteer and matching you with a companion.

AUTHORIZATION

I hereby authorize and instruct FSA-SC to procure a report on me, including a criminal background history, which I understand may include, among other information, arrest, conviction, and driving record information. I also authorize and instruct FSA-SC to verify my Social Security number and to investigate my background and character in any manner they see fit to evaluate my potential as a volunteer, including obtaining information from medical providers, employers, educational institutions, military agencies, and any other sources. If I become a volunteer for FSA-SC, I authorize FSA-SC to repeat these investigations at any time for as long as I remain a volunteer. I authorize FSA-SC to disclose relevant information obtained from its investigations to the client/companion to exercise “self choice” in accepting or denying me as a volunteer. I authorize and instruct any individual, corporation, and public or private entity having knowledge about me to furnish to FSA-SC any and all information they may have regarding me. I unconditionally release and hold harmless FSA-SC and its officers, directors, employees, and agents and any party furnishing information to them pursuant to this authorization from any liability, claims, charges, costs, or causes of action which I or my heirs, executors, or assigns may have as a result of the delivery, disclosure, non-disclosure, or omission of any information. I additionally agree to indemnify FSA-SC and its officers, directors, employees, and agents for any and all attorney fees, court costs, and other expenses resulting from investigating my background, gathering information concerning me, or verifying personal information about upon the written request of law enforcement agencies. Furthermore, I understand that FSA-SC holds the right to deny my participation in the program and, for confidentiality, is not required to disclose reasons for doing so. A photocopy of this authorization may be accepted in lieu of the original.

Signature (please do not print or type)

Date

PERSONAL IDENTIFICATION AND BACKGROUND INFORMATION

PLEASE PRINT:

Complete, Legal Name _____ Gender M _____ F _____

Address _____ City _____ State _____ Zip _____ If

name changed (through marriage or otherwise), print former name _____

Date of Birth _____ Social Security Number _____

Drivers License Number _____ State _____ Expires _____

Please list all residences from the last 5 years, starting with the most current. List the beginning and end month and year you lived at each (ex. DeKalb, IL DeKalb 3/09-6/10)

City _____ State _____ County _____ Beginning Month/Year: _____ End Month/Year: _____

City _____ State _____ County _____ Beginning Month/Year: _____ End Month/Year: _____

City _____ State _____ County _____ Beginning Month/Year: _____ End Month/Year: _____

City _____ State _____ County _____ Beginning Month/Year: _____ End Month/Year: _____

Have you ever been (circle which) charged with / convicted of a (circle which) misdemeanor / felony? No _____ Yes _____

Details: _____

Are you active or retired in the military? _____ If yes, please submit a copy of your DD-214 form.

Have you ever been cited for a traffic violation? No _____ Yes _____ Details: _____

For the safety of all clients and volunteers, FSA-SC conducts a background check on all potential volunteers.