

Lifespan Volunteer Application

Date: _____ Name: _____ DOB: _____

Address: _____ City/State/Zip: _____ County: _____

Gender: _____ Pronouns: _____ Are you over the age of 55? Yes No

Phone # _____ Cell Phone # _____

Email Address: _____ Do you have transportation? Yes No

Are you presently employed? Yes No If yes, check one: Part-time Full-time

Employment History

<i>Company</i>	<i>Position/Skills/Duties</i>	<i>Years</i>

Volunteer Experience

<i>Agency</i>	<i>Position/Skills/Duties</i>	<i>Years</i>

Special skills, interests, hobbies:

List any accommodations that you require in order to successfully perform volunteer activities:

Foreign languages spoken – please list: _____

Ethnicity: White (non-Hispanic) Black (non-Hispanic) Hispanic/Latino Asian/Pacific Islander
 American Indian/Alaska Native Other _____

Have you served in the military? Yes No Branch _____

Are there months you are unavailable? Yes No _____

Why are you interested in volunteering?

Have you ever been convicted of a criminal offense other than a minor traffic violation? Yes No

If yes please attach an explanation of charges, date of offence, and status of charges on a separate sheet to be included with this application. Prior convictions may preclude a volunteer from placement with certain assignments. Lifespan may share your application with its partner agencies to better coordinate volunteer assignments. Some volunteer assignments require background checks that will be conducted by the partner agency in accordance with their policies and procedures.

How did you hear about volunteering at Lifespan? Check one or more.

- Lifespan Website Brochure Newspaper/Print Mailing
 Social Media Presentation Where I volunteer Media/Public service announcement
 Referred by another volunteer. If so, who _____
 Other (please describe) _____

I permit... I do not permit... Lifespan to use my photograph for publication, illustration, display, broadcast, social media, or other purposes at the discretion of Lifespan.

I permit... I do not permit... Lifespan to add me to their mailing list for future opportunities, campaigns, publications, etc.

Certifications:

By signing below, I acknowledge that I have read and understand the following statements:

- I understand information can be shared with other Lifespan programs for volunteer opportunities.
- I understand that I am not an employee of Lifespan or the volunteer station and agree to serve without compensation.
- I understand that in my capacity as a Lifespan volunteer I may come into contact with confidential information. I agree to protect this information to the best of my ability and not to disclose it during or after my service as a volunteer has ended.

Volunteer Applicant Signature _____ Date _____

Lifespan Staff Signature _____ Date _____

Emergency Contact

Name: _____ Relationship: _____

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

Phone: Home (____) _____ Work (____) _____ Cell (____) _____

References

Provide the name, phone number, email, and address (if known) of three non-family members who can attest your ability to volunteer.

Name _____ Email _____

Phone (____) _____ Address _____ City/State/Zip _____

Name _____ Email _____

Phone (____) _____ Address _____ City/State/Zip _____

Name _____ Email _____

Phone (____) _____ Address _____ City/State/Zip _____

License

Do you have a current, valid driver's license? _____ State of Issue _____

Driver's license number _____ Expiration date _____

We will submit your license for DMV LENS Program review and reporting (validity, violations). Your signature indicates your acceptance of this.

Applicant Signature _____ Date _____

Lifespan of Greater Rochester, Inc.
Administrative Policies and Procedures

Criminal Background Checks

Purpose:

To define Lifespan's policy on employee criminal background checks.

Policy Summary:

Lifespan is committed to protecting the well-being and safety of all clients served. To ensure the safety of our clients, criminal background checks will be conducted on all new and current employees, as well as any volunteers.

Applicants, employees, and volunteers will be required to read and sign the Criminal Background Check Consent Form. A conviction will not necessarily result in the denial of employment or placement as a volunteer. Each case will be evaluated on its own individual merits.

Refusal to consent to a background check, or any misrepresentation or omission of a fact regardless of when or how discovered, will be cause for denial or immediate termination of employment or volunteer position.

Procedure:

1. Volunteers sign the Background Check Consent Form
2. Form is submitted to volunteer program manager. Program manager will be responsible for conducting background checks on volunteers. Person conducting the background check will sign the bottom and date completed. The form will be placed in the volunteers' file.
3. If a volunteer, has been previously convicted of a crime, the program manager will further evaluate with senior management.
4. No volunteer will be assigned until a criminal background check has been performed.

Any volunteer that violates any portion of this policy will be subject to discipline up to and including termination.

Lifespan of Greater Rochester
Background Check Consent Form

I hereby allow Lifespan of Greater Rochester to perform a check of my background including criminal record, driving record, and personal references.

The purpose of this form is to verify that the applicant understands and consents to the criminal history record check process complemented by Lifespan.

Last Name _____ First Name _____ MI _____

If you have ever been known by another name, please list all other names:

Date of Birth ____/____/____

Street Address or PO Box _____

City _____ State _____ Zip _____

I understand that I do not have to agree to this background check, but that refusal to do so may exclude me from consideration for volunteer activities and that all such information collected during the check will be kept confidential. By signing this consent form, I certify that the information given by me is true, accurate and complete. I am acknowledging that I understand Lifespan's policy on criminal background checks, and I hereby give my consent for Lifespan to obtain such information. I release from all liability anyone supplying such information and I also release Lifespan from all liability that might result from making an investigation.

I hereby also extend my permission to those individuals or organizations contacted for the purpose of this background check to give their full and honest evaluation of my suitability for the described volunteer work and other such information, as them deem appropriate.

Applicant Signature _____ Date _____

For Office Use Only

Background check performed on _____ Staff Signature _____