



Volunteer Information

PERSONAL DATA

Last Name: _____ First Name: _____ Initial _____

Address: _____

City: _____ State: _____ Zip Code: _____

Home Telephone # (____) _____ - _____ Cell Phone # (____) _____ - _____

Social Security Number _____ - _____ - _____ Date of Birth ____/____/____

Race: White Black Hispanic Alaskan Native
 American Indian Asian/Pacific Islander

Marital Status: Married Sex: Female
Single Male

EMERGENCY CONTACT INFORMATION

Name: _____ Relationship: _____

Emergency Telephone Number: (____) _____ - _____ or (____) _____ - _____

Volunteer Signature: _____ Date: _____

Principal/Teacher Signature: _____ Date: _____

EMPLOYMENT DATA- INSPIRE NOLA USE ONLY

School/Department: _____

Background check review and completed on: ____/____/____ By _____



VOLUNTEER SERVICE AGREEMENT

I attest that I am freely volunteering my time and services to the Inspire NOLA in the department of (School Name) _____

Duties and responsibilities:

Anticipated Dated for Service: From ____/____/____ To: ____/____/____

I am volunteering solely for personal purposes or benefit without promise or expectation of compensation, benefits or future employment from the Inspire NOLA beyond any specified reimbursements agreements.

I agree to familiarize myself with, and abide by, Inspire NOLA’s rules and policies regarding conduct, confidentiality, safety and welfare. I understand that I may be subject to the same pre-employment screening and background checks as paid employees performing similar duties.

If my duties include driving for school business, I understand that I must possess a valid driver’s license and that I may be subject to a Department of Motor Vehicle driver’s license background check.

Volunteer Signature

Date

Authorized Department Signature

Date

A copy of this agreement should be made available to the volunteer and the original signed copy should be retained in departmental files for the duration of the volunteer services.



RELEASE AND AUTHORIZATION

I _____ in connection with my application to volunteer my service to Inspire NOLA, hereby authorize Inspire NOLA and ScreeningOne, Inc. to perform a background screening check (including future screenings for retention, reassignment or promotion, if applicable, and unless revoked by Applicant in writing). I understand and agree to the following:

1. A background check is not only for the benefit of Company as a sound business practice, but also for the benefit of all employees/students. It is no reflection on an applicant. I have read, understand and signed the separate Disclosure concerning my rights.
2. All reports are confidential. Consumer credit information including credit reports are obtained in strict compliance with the Fair Credit Reporting Act, the Americans with Disabilities Act (ADA), anti-discrimination and privacy laws and all other applicable federal and state laws.
3. I may review or obtain a copy of my report as provided by law. Screening One may be contacted by writing to: Screening One, Inc., 2233 W. 190th Street, Torrance, CA 90504.
4. I authorize and release people, companies, references, current and former employers, schools, credit bureaus, municipal, county, state and federal agencies and courts, and agencies that provide motor vehicle records, to provide all information that is requested to Inspire NOLA or Screening One.
5. I further release all of the above, including Inspire NOLA and Screening One, to the full extent permitted by law, from any liability or claims arising from retrieving and reporting information concerning me.
6. I agree that a copy or fax of this document shall be as valid as the original.

Your signature _____ Date _____

COURTS AND OTHER ENTITIES REQUIRE THE FOLLOWING INFORMATION FOR IDENTIFICATION WHEN CHECKING PUBLIC RECORDS. IT IS CONFIDENTIAL AND IS USED FOR IDENTIFICATION ONLY. YEAR OF BIRTH ENSURES ACCURACY AND AVOIDS DELAY.

Last Name First Name Middle Name Social Security Number

DOB: ____/____/____

Former Names Date of Name Change

Name on Drivers License Driver's License or I.D. Number State of Issue