

Friends Life

Volunteer Application Form

Thank you for your interest in being involved with Friends Life. We are excited about the opportunity to work with you to continue to love our Friends. One of the vital assets of Friends Life is our volunteers. As Friends Life continues to grow the need for more volunteers becomes crucial.

If you have time to give, a talent, or have skills to share, or simply want to be part of a community of individuals both with and without disabilities, we could use your help!

Thank you for your willingness to be apart of Friends Life. Please complete the following and return it to:

Brittany Mazuchowski
Friends Life
P.O. Box 158040
Nashville, TN 37215
Or email: Brittany@friendslife.org

Name: _____

Address: _____ City _____ State _____ Zip _____

Phone #: Home _____ Cell _____

Email: _____

How did you hear about Friends Life?

What special talents or gifts do you have that you would be interested in sharing with our program?

Please check the areas in which you are interested in volunteering:

- Help one day a week assisting our Friends
- Help with field trips and community activities
- Help with fundraising benefits
- I am interested in sponsoring a student who cannot afford tuition
- I am interested in driving to pick up Friends and bring them to Friends Life

Availability: (Check all that apply)

Weekdays __M __T __W __Th __F All hours _____

Evenings __M __T __W __Th __F All hours _____

Weekends __ Sat __ Sun All hours _____

Anytime __

If you volunteer to chaperone any of our field trips, would you be willing to transport our clients in your vehicle? _____ yes _____ no

What do you hope to gain from your experience with Friends Life?

Name

Signature

Thank you for volunteering your time! Your support helps make Friends Life a success!

The Friends Life Staff

Friends Life Background Check Authorization

- I. I understand that a background report may be generated on me that may include information as to my character, work habits, performance and experience, along with reasons for termination of past employment, criminal history records from any criminal justice agency in any or all federal, state, city and county jurisdictions, state Department of Motor Vehicle/Drivers' License Records to include traffic citations and registration, military records from the National Personnel Record Center, education records including transcripts, and requests for records and information from any individual, company, firm corporation, present and/or past employers and public agencies (including the Social Security Administration and the Immigration & Naturalization Service). I fully understand that Friends Life or their agent may be requesting information from public and private sources about any of the information noted earlier in this paragraph, and I freely give my consent for Friends Life to do so.
- II. According to the Fair Credit Reporting Act (FCRA), I am entitled to know if the considerations for which I am applying are denied because of information obtained from a consumer-reporting agency. If so, I will be notified and be given the name of the agency providing that report.
- III. I agree that a photocopy or telephonic facsimile of this authorization shall be valid as the original. This release is valid for most federal, state and county agencies.
- IV. I hereby authorize, without reservation, any one contacted by Friends Life and/or their agent to furnish the information described in Section 1.

APPLICANT: COMPLETE THE FOLLOWING:

Signature

Today's Date

Please print full name

The following information is required by law enforcement agencies and other positive identification purposes when checking public records. It is confidential and will not be used for any other purposes.

Please print other names you have used

Social Security Number-Your Social Security Number will only be used in order to confirm your identity for purposes of completing an accurate background investigation. Supplying your Social

Security Number is optional

But is needed to complete the hiring process.

Date of Birth – The Age Discrimination in Employment Act of 1967 and the Arizona Civil Rights Act prohibit discrimination on the basis of age with respect to individuals who are at least 40 years of age. Your date of birth is required on this form in order to confirm your identity for purposes of completing an accurate background investigation, and is not provided to the hiring official for any purpose in connection with consideration of your application for employment.

Home Address

City

State

Zip

Driver's License Number and State

Name as it appears on License