



Today's Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

FamilyPromiseHendricksCounty.org

## Volunteer Information Sheet

We would love for you to join us in helping all of our families complete our program! Please complete the following so that we can get to know you better!

Name: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Birthdate: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Email: \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State Zip: \_\_\_\_\_

Organization Affiliation (if applicable): \_\_\_\_\_

Availability (weekdays/weekends/mornings/afternoons, etc.): \_\_\_\_\_

### **VOLUNTEER INTERESTS (Check all that apply):**

- Volunteer Family Advocate (Assist in Resource Center for 2-3 hour shift helping families with transportation and children, handling incoming crisis calls, and performing administrative tasks as needed.)
- Attend outings/events with our families and assist with the kids, etc.
- Homework/Tutoring.
- Prepare a meal and serve at host site.
- Facility Painting.
- Facility Improvement.
- Employment Assistance (Job leads, resumes, transportation to interviews, etc.).
- Plan a community event.
- Serve as an overnight volunteer at host site.
- Landscaping or Gardening.
- Deep Cleaning of Resource Center.

Please provide any other information you think might be helpful in placing you in the best volunteer spot:  
(Areas of Expertise/Computer Skills/Training/Languages: \_\_\_\_\_)

\_\_\_\_\_

## NOTICE TO VOLUNTEERS REGARDING BACKGROUND INVESTIGATION

I understand that a consumer report (background screening report) and/or an investigative consumer report (reference checks and/or interviews) that may include information from public or private sources regarding my character, driving records, criminal history, court records (both civil and criminal), qualifications and experience, work habits, and/or other information relevant to my volunteer service may be obtained in connection with my application as a volunteer with Family Promise of Hendricks County.

I understand that, if I am approved for volunteer service by Family Promise of Hendricks County, this background check authorization will be kept on file and may be used at any time during my service to procure further information when, in the judgment of Family Promise of Hendricks County such may be necessary.

I hereby release and discharge to the extent permitted by law, Family Promise of Hendricks County, its employees, any individual or agency obtaining information for Family Promise of Hendricks County, and any personal or professional reference, from any and all claims, damages, losses, liabilities, costs, or other expenses arising from the retrieving, reporting and/or disclosure of information in connection with this background investigation.

I understand that I am volunteering my services and declare in no way shall I be considered an employee or subcontractor or independent contractor of Family Promise of Hendricks County.

By signing below, I, \_\_\_\_\_, have read, understand and consent to the above. I further authorize that a photographic copy or a telephonic facsimile of this document shall be valid for purposes present and future. My acknowledgment below certifies that all information I have provided in connection with this background check is true, accurate and complete to the best of my knowledge.

### AUTHORIZATION

\_\_\_\_\_  
Print Name (last, first, middle)

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Date of Birth (MM/DD/YYYY)  
(For ID Purposes Only)

\_\_\_\_\_  
Driver's License Number

\_\_\_\_\_  
Driver's License State

Any other names I have been known by: \_\_\_\_\_

Current Address: \_\_\_\_\_

Previous Addresses (Last 10 Years) \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Signature:

\*Please type your First and Last Name---By completing the signature box you understand that this is a legal signature confirming that you acknowledge and agree to the above Terms.