



VOLUNTEER APPLICATION FORM

NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

NEIGHBORHOOD: _____

BIRTH DATE: _____

LOCAL PHONE: _____ CELL PHONE: _____

E-MAIL: _____

WOULD YOU LIKE TO BE LISTED IN THE VILLAGE DIRECTORY? _____ YES _____ NO

ARE YOU WILLING TO DRIVE MEMBERS TO APPOINTMENTS? * _____ YES _____ NO

**NOTE: Volunteer Drivers are required to maintain auto insurance policies & provide proof of such policies to LfV staff.*

CHECK OTHER VOLUNTEER ACTIVITIES THAT YOU ARE INTERESTED IN:

- Home and Phone Visits
- Tech / Computer Assistance
- Handyman Assistance
- Reading / Organizing for Low Vision Members
- Errands / Grocery Shopping
- Other _____
- Meals for members after hospital / rehab discharge back home
- Special Events
- Newsletter
- Website / database management

Please tell us if you have any hobbies, interests, or special skills to offer as a volunteer. _____

IN ADDITION TO VOLUNTEERING TO ASSIST VILLAGE MEMBERS DIRECTLY, VOLUNTEERS ARE ALSO WELCOME TO PLAY A ROLE ON A VILLAGE COMMITTEE OR TO PROVIDE OFFICE ASSISTANCE. CHECK ANY THAT YOU WOULD BE INTERESTED IN:

_____ Events / Activity Committee _____ Membership Committee _____ Development / Fundraising Committee
_____ Volunteer Committee _____ PR / Marketing Committee

All the above information is given freely and without reservation and is true and correct to the best of my knowledge. I understand Little Falls Village requires background checks for volunteer applicants and I grant my permission on the attached application. I understand that falsification of this application is reason for rejection.

While not required, LfV would be grateful for a small, fully tax-deductible contribution (\$40) to cover the cost of the background check.

SIGNATURE: _____ DATE: _____

Confidential Consumer Authorization Background Check Form

1. I _____ (Your name) understand that an investigative report may be generated on me that will contain only information as to my criminal and driving record history. I understand that this background check is a requirement for serving as a Little Falls Village volunteer. I give my full consent for this information to be obtained and utilized for this purpose only.
2. I also understand that this authorization is only for this one-time background check. I must authorize Little Falls Village to request a newly signed authorization form before an additional background check can be made.
3. I acknowledge that a telephonic facsimile (Fax) or photographic copy of this release shall be as valid as the original. This release is valid for most federal, state and county agencies.
4. Upon proper identification, you have the right to make a request to the background company, within a reasonable period of time, as the nature and substance of all information in its files on you at the time of your request, including the sources of information and recipients of any reports on you that has been previously furnished.

Candidate complete the following:

Signature Today's date

Please print full name E-Mail

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

Month, Day and Year of Birth Social Security Number

Home Address City, State, Zip

Driver's Licenses number and State,

Name as it appears on licenses

Have you ever been convicted of a crime? _____ No _____ Yes

If yes, please provide city and state and conviction details below.