

Volunteer Application Information Sheet

Name: _____ DOB: ____/____/____
First MI Last

Address: _____
City State Zip

Phone: () _____ - _____ Work: () _____ - _____ Email: _____

Employer/Job Title: _____

Employer Address: _____
City State Zip

Emergency Contact: _____
Name Phone Relationship

Preferred area of Service: Child Care Financial Empowerment Historic 512 Resale Shop Working with Women

Schedule availability: Days Evenings Weekends As needed Mon Tues Wed Thu Fri Sat

How did you learn about the Center for Transforming Lives? _____

Are you an Early Head Start Parent? Yes No

Are you a CTL Ambassador? Yes No

References (not related to you and have known you at least two years):

Name: _____ Phone: () _____ - _____

Years Known: _____ Relationship: _____

Name: _____ Phone: () _____ - _____

Years Known: _____ Relationship: _____

Have you ever been convicted of, been given probation or deferred adjudication in lieu of sentencing, or plead no contest for any offense other than a minor traffic violation? (Circle One) **Yes*** **No**

If yes, please explain: _____

Are you charged with a crime that has not yet resulted in a plea of guilty, acquittal, deferred adjudication, conviction, probation or dismissal? (Circle One) **Yes*** **No**

If yes, please explain: _____

**Answering 'yes' to these questions does not automatically disqualify you for employment/volunteer placement. The nature and date of the crime/charge and type of job for which you are applying will be considered. Falsification of this application is grounds for automatic termination.*

I understand and agree that in the performance of my duties as a volunteer of Center for Transforming Lives, I must hold in strictest confidence any observations I may make or information I may hear regarding program participants, program participants' families, or staff. I verify that all of the information provided by me in this application is true, correct, and complete to the best of my knowledge. I grant Center for Transforming Lives to verify this information for my suitability as a volunteer. I understand that false or misleading statements or the omission of any information necessary to make this application complete may result in rejection of my application.

Signature: _____ Date: _____

Volunteer Release Form

Liability Release - I hereby release, indemnify and hold harmless Center for Transforming Lives, the organizers, and sponsors and supervisors of all activities, from any and all liability in connection with any injury (including injury caused by negligence) in conjunction with volunteering at the Center for Transforming Lives. I likewise hold harmless from liability any person transporting me to or from this activity.

I also certify that I am in good health and able to participate in the program activities on the assigned day of volunteering. I certify that I am over 18 years of age and am competent to contract my name insofar as the above is concerned. I have read the foregoing release, authorization and agreement, before affixing my signature below and warrant that I fully understand the contents thereof.

Signature: _____

Date: _____

Communications Release - I hereby assign the rights to the video and/or photographic recording(s) made of me on the assigned day of volunteering, to the Center for Transforming Lives. I hereby authorize the editing, duplications, reproduction, copyright, exhibition, broadcast and/or non-profit use and distribution of said recording(s) for the purpose deemed suitable by the Center for Transforming Lives.

I hereby waive any right to approve the finished products. I certify that I am over 18 years of age and am competent to contract my name insofar as the above is concerned.

I have read the foregoing release, authorization and agreement, before affixing my signature below and warrant that I fully understand the contents thereof.

Signature: _____

Date: _____

Parental Consent/Release - If the individual is a minor (under 18 years of age) the following should be completed and signed by a parent or legal guardian:

I hereby consent and agree, individually as a parent or legal guardian, to all of the terms and provisions above

Name: _____

Relationship: _____

Signature: _____

Date: _____

Confidentiality Agreement - I recognize that services Center for Transforming Lives provides are confidential. To enable the agency to provide those services, families at time share with the staff confidential information concerning their affairs. While volunteering with the Center for Transforming Lives, I agree that, except as directed by the agency, I will not at any time during or after my volunteer time disclose any such information that I may overhear or be exposed to, to any person whatsoever. Protecting confidentiality is primary to the operations of Center for Transforming Lives. I recognize that the disclosure of such information by me may cause irreparable harm to those served and to Center for Transforming Lives and that accordingly, the family or Center for Transforming Lives may seek any legal remedies against me which may be available.

I have read the above statements, and I understand them.

Signature: _____

Date: _____

Volunteer Code of Ethics

Compliance with this code of ethics is a condition of service with Center for Transforming Lives. I understand that violation of the following standards is regarded as engaging in unethical behavior and is grounds for immediate termination.

1. Center for Transforming Lives is dedicated to helping homeless and impoverished women, children, and families move from poverty to independence. Volunteers agree to support the philosophy of Center for Transforming Lives and behave congruent with our mission.
2. Volunteers should be on time for their scheduled shift and must call assigned department director as soon as possible if they will be late or cannot make a volunteer commitment.
3. Volunteers must not be on Center for Transforming Lives grounds under the influence of drugs or alcohol nor may they participate in the possession, sale or delivery of controlled substances.
4. Volunteers should treat all program participants, other volunteers, and Center for Transforming Lives staff with respect and dignity and should refrain from imposing their own values and beliefs upon program participants, other volunteers, and staff.
5. Volunteers should not solicit donations (in-kind or monetary) on behalf of the Center for Transforming Lives, unless part of a specific sanctioned campaign.
6. Volunteers are prohibited from offering money to any program participant as part of their service. Knowing that there are programs for program participants that provide assistance for medical care, transportation, rent, utilities and food, volunteers are prohibited from duplicating these services with their own personal funds.
7. Volunteers must not discriminate against any person on the basis of age, sex, ethnic or socio-economic background, creed or sexual orientation.
8. Volunteers involved in religious activities must refrain from proselytizing program participants, Center for Transforming Lives staff, or other volunteers.
9. Any abuse (substance or physical) witnessed by a volunteer of a program participant to another program participant or child must be reported immediately to Center for Transforming Lives department director.
10. Center for Transforming Lives does not offer onsite volunteer opportunities for children ages 11 and under. Any child volunteers ages 12 to 17 must be accompanied and supervised by an approved adult volunteer.
11. Volunteers working directly with children must fulfill additional requirements by Texas Department of Family and Protective Services licensing.
12. Center for Transforming Lives does not allow pets on campus. Please do not bring your pet with you to volunteer. (Service animals do not apply.)
13. While there is no formal dress code for volunteers, Center for Transforming Lives asks that volunteers dress appropriately for their assignment and practice good hygiene. Center for Transforming Lives reserves the right to ask a volunteer to leave the volunteer site for inappropriate dress.
14. Volunteers must report, in confidence, any suspected violation of the Code of Ethics to the Chief Development Officer.
15. Purchases made by volunteers on behalf of agency or program participants will not be reimbursed. Exceptions must receive prior, written approval.

Signature _____ Date _____

Consumer Report Disclosure and Authorization Form

Center for Transforming Lives, Inc. may, with your consent, obtain a consumer report, as defined by the Fair Credit Reporting Act (FCRA), from Imperative Information Group, Inc., a consumer reporting agency, related to your prospective, continued, or future employment. Such report may include, as allowed by law, information regarding previous or current military service, employment, education, criminal, driving history, credit or other matters that may be relevant to the position sought or held.

This may include procurement of an investigative consumer report (defined as a report that includes information as to your character, general reputation, personal characteristics, or mode of living obtained through personal interviews). You may request that the nature and scope of any investigative consumer report be disclosed to you.

Identity Information– This information will be used only in preparing a consumer report.

First Name:

Middle Name:

Last Name:

Other Names Used:
(maiden names or aliases)

Email Address:

Social Security Number: - -

Date of Birth: Month: Day: Year:

Current Home Address:

City: State: ZIP:

Drivers License State: Number:

Please list each city/county and state in which you have lived, worked, or attended school during the last ten years. Use a second form if necessary to provide full disclosure.

City: OR County: State:

City: OR County: State:

City: OR County: State:

By signing below, I:

- Authorize Center for Transforming Lives, Inc. or any of its affiliated or successor companies to obtain the consumer reports described above at any time in connection with my prospective or continued employment,
- Acknowledge receipt of the summary of my rights under the FCRA, and
- Request and authorize all individuals, agencies, and businesses to release information regarding my previous or current military service, employment, education, criminal or civil litigation, conduct, experience, or other matters to Imperative Information Group, Inc., including information which may be deemed negative, in order to complete these reports, to the extent allowable under law.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on: _____
Date Signature

For California, Minnesota, or Oklahoma applicants only:

I request a copy of my consumer report be sent to the home address listed above.