

St Anthony of Padua Conference The Society of St Vincent de Paul 405 E 2nd St, Casa Grande, AZ 85122 Phone 520-836-2009 Fax 520-876-0072

SVDPCasaGrande@gmail.com

VOLUNTEER APPLICATION FORM

Date:	Driver's License #	State
First Name	Last name	
Address	City	Zip
Home Phone	Cell Phone	
Email Address		
Education Summa	ary	
Job Skills		
	Address	
	Address	
3 rd : Name	Address	Phone
Which of the follo Benevolent Of Thrift Store (R	wing areas would you like to volunteer in? ffice (Conduct interviews to determine need Retail sales, stocking, pricing, organizing) Processing donated items)	
Mornings Mon Afternoons Mon Do you have any	d you like to volunteer? nday Tuesday Wednesday Thursday nday Tuesday Wednesday Thursday physical problems that would limit your hel	y Friday Sat
	FOR OFFICIAL USE ONLY	
Interviewer's con	nments:	

IMPORTANT - THIS SECTION MUST BE COMPLETED

1.	Has a civil or a criminal complaint every been filed against you that alleged sexual misconduct or child abuse by you or your participation in or facilitation of such activities (including internal complaints or allegations reported to management or supervisors at places of employment)?YesNo If yes, explain. Provide the date, nature and place of the incident leading to the complaint; where the complaint was filed; disposition of the complaint; and identify, by name and title, the person (s) who investigated the complaint.
2.	Do you presently serve, or have served, as a volunteer for any organization entity or group in which you had substantial contact with children or vulnerable populations (such as elderly mentally or emotionally disabled, etc.)?YesNo _ If yes, provide the name and phone number of the organization period of volunteer service, supervisor's name, and briefly describe your activities and/or duties.
3.	Have you ever chosen not to renew or continue any employment or volunteer service, had your employment or volunteer service terminated, or been subject to and disciplinary action for reasons relating to allegations or sexual misconduct or child abuse by you?YesNo If yes, explain. Provide date, nature and place of the occurrence (s) or allegations (s) and the disposition of the matter. Provide name address, phone of employer/supervisor at the time.
4.	Have you ever been convicted of a crime (felony or misdemeanor) other than a minor traffic violation?YesNo If yes, explain. Provide the crime for which you were convicted and the date and place of this conviction.

Society of St Vincent de Paul St. Anthony of Padua Casa Grande Conference Application Form

Permission to Obtain Information

This document authorizes the Society of St. Vincent de Paul, Casa Grande Conference (CGC) to seek and/or certify specific information about your background. I understand that this authorization applies whether I am a current employee, a candidate for employment, or seeking to provide services as a volunteer or as an independent contractor.

I specifically authorize that background information may be sought in the following areas, and agree to release from liability the agencies, prior employers, individuals, or other entities which provide the information to the extend the information given is true and accurate.

- a. Criminal conviction records in any jurisdiction;
- b. Social Security verification;
- c. Driving record in Arizona or other states;
- d. Educational and Professional Certification records in any jurisdiction;
- e. Work performance, attendance, and job related information;
- f. Credit history.

I agree to assist in this effort by calling prior employers, as necessary, and asking for full disclosure of my employment history.

I further understand that information obtained may be used by CGC in its sole discretion and without liability, to determine eligibility of initial or continued employment/volunteer service to grant or deny me permission to enter employer property.

I further understand that this information will become part of my personnel record at CGC and will be held in confidence accorded to all such records.

I acknowledge that I have read and understand this information, and the rules governing its collection and use, are pursuant to the Fair Credit Reporting Act as amended by the Consumer Credit Reform Act of 1996, and that any adverse action based on this information will be communicated to me in accordance with the Act.

I acknowledge that I have read and understand this form and have had an opportunity to ask any questions about it.

Please Print:		
First Name Initial Last Name		ate of Issue
	Date:	′/_
AZ Residency Since (Mo/Yr) Signa	ature	•

IMPORTANT: For your application to be considered, you must sign below to indicate that you have read and understood this statement:

The information I have provided in this application is true, correct, and complete. If accepted for a volunteer position and I misstate or omit facts on this application, it may result in the termination of my volunteer service. I grant permission to check on my background and reference and I release the Casa Grande Conference from any and all resultant liability. If accepted for a volunteer position I will abide by the code of conduct of the Casa Grande Conference and the policies and procedure of the organization. I understand that acceptance of a volunteer position does not create a contractual obligation upon the Casa Grande Conference to continue my volunteer service activity in the future. Participation in a volunteer activity does constitute a preference for employment. Upon termination of my volunteer service, I authorize the release of reference information by the Casa Grande Conference.

I further understand that while not all positions with the Casa Grande Conference involve significant contact with children or vulnerable adults, that all persons seeking volunteer position with the Casa Grande Conference must be fingerprinted and pass a background check before having contact with children and vulnerable adults.

I will be requited to furnish proof of identity. I und my service can be terminated at any time, with or v	1
Signature:	/Date:/
THIS SECTION IS FOR OFFICIAL USE ONLY	
The necessity of fingerprinting and passing a backgrounteer service with the Casa Grande Conference workplace understands that an offer of volunteer p the applicant. This workplace understands that an upon the applicant's passing of the background che	e has been explained to this applicant. This osition is contingent upon fingerprinting of offer of volunteer position is contingent
Signature of Conference Manager:	
Date:/	

EMERGENCY CONTACT INFORMATION

NAME (PRINT)			_
ADDRESS			_
CITY, ST, ZIP			_
PHONE			_
EMAIL ADDRESS			_
		•••••	
EMERGENCY CONTACT NAME			_
EMERGENCY PHONE			_
RELATIONSHIP			_
		•••••	
SIGNATGURE	DATE	/ /	