



Jewish Family Service of the Desert
 490 S. Farrell Drive, Suite C-208
 Palm Springs, CA 92262
 TEL: 760-325-4088 X101 FAX: 760-778-3781

VOLUNTEER APPLICATION

All information in this document is confidential. Please return completed application to Kraig Johnson at the address above.

Please Print

Name/Last: _____ First: _____

Address: _____ Apt. #: _____ Email: _____

Home Phone: _____ Cell Phone: _____

M/F/T Date of Birth: _____ Physical Limitations _____
 (Circle One) Mo/day/year (Be specific; if none, write none)

VOLUNTEER EXPERIENCE

Interests, Skills, Hobbie _____

- Let's Do Lunch! Host Let's Do Lunch! Driver JFS Express Driver Café Europa Driver
- Café Europa Host Special Events Friendly Visitor Office Assistant

Clubs, Organizations you belong to: _____

Education/Vocation: (highest level) _____

Have you ever volunteered before? Yes No Position _____

Describe the work: _____

Your Availability:

Hours per week/Month _____ Preferred Days _____ Geographic Preference _____

IN CASE OF EMERGENCY, PLEASE NOTIFY

1) Name _____ Relationship: _____ Best Phone _____

2) Name _____ Relationship: _____ Best Phone _____

As a volunteer, I agree to provide a valid driver's license number and proof of automobile insurance. I agree to provide these documents to JFS so that they can be filed with this application.

I WILL immediately notify my volunteer supervisor if my driver's license is restricted, suspended, revoked or expired.

Insurance Carrier _____ Policy # _____

Driver's License # _____ State of Issue _____ Date of Expiration _____

My signature below certifies that all statements made on this application are true, complete and correct to the best of my knowledge and belief. I understand these statements are subject to verification. I understand that falsification on this application can disqualify me from consideration or result in my volunteer service being denied. Furthermore, my signature below provides my authorization to JFS to conduct a driver license record check, background check, as well as reference checks as needed to determine my stability for placement.

I hereby release all parties from any liability for furnishing this information.

Signature of Applicant: _____ Date: _____

References: Personal

1) Name: _____ Title: _____ Phone: _____

Professional

1) Name: _____ Title: _____ Phone: _____

Authorization for Criminal History Record Check

I, _____ (print your name), hereby authorize **Jewish Family Service of the Desert** or a third party vendor to obtain information pertaining to any criminal charges currently pending and/or convictions I have had for violation of municipal, county, state or federal laws. This information will include, but not be limited to, allegations regarding, and convictions for crimes committed upon minors. I understand that this information will be gathered from any law enforcement agency of this state or any state or federal government, or from third-party providers of information originally obtained from law enforcement or court records. I

I have been given a separate notice of my rights under the California Investigative Consumer Reporting Agencies Act. I understand that I will be entitled to copies of the record and be given an opportunity to challenge the accuracy of any information received that appears to implicate me in criminal activities. To facilitate this challenge, I will be told the nature of the information and the agency from which it was obtained. It will be my responsibility to contact that agency to correct any inaccurate record. I further understand that until [insert name of nonprofit] receives notification from that agency correcting any inaccuracies any employment or volunteer assignment will be deferred.

As an applicant for a staff/volunteer position, I hereby attest to the truthfulness of the representations I have made regarding my criminal history, if any. Except as I have disclosed, I have not been found guilty of, or entered a plea of nolo contendere or guilty to any criminal misdemeanor or felony. I understand that I do not have to disclose any sealed or expunged conviction records.

I understand that I must be truthful and, if any statement I have made is found to be false, I will be denied the position for which I am making application or, if already accepted, terminated from my position. I understand that conviction records are not an automatic bar to employment and will be reviewed based on their number, nature and recentness to determine suitability for the position.

SIGNATURE OF APPLICANT

DATE

Applicant – Note that there is a second section for you to complete below. Please clearly print all information.

FULL NAME OF APPLICANT

ADDRESS

CITY

STATE

ZIP

TO BE COMPLETED BY ORGANIZATION: Identification verified with government issued picture identification.

DATE

TYPE OF IDENTIFICATION

VERIFIER'S INITIALS



[After background check has been completed, this section of personal information should be removed and shredded.]

DATE OF BIRTH

SOCIAL SECURITY NUMBER

Male Female
SEX (CIRCLE ONE)

DRIVER'S LICENSE NUMBER

STATE OF ISSUANCE

DATE OF EXPIRATION

LC-CHRCA_CA

11.0906

A Summary of Your Rights Under the Provisions of California Civil Code Section 1786.22

The Investigative Consumer Reporting Agencies Act (ICRA) is designed to promote accuracy, fairness, and privacy of information in the files of every "consumer reporting agency" (CRA). You can find the complete text of the ICRA, at the California Privacy Protection web site (<http://www.privacy.ca.gov/icraa.htm>). The ICRA gives you specific rights, as outlined below. You may have additional rights under federal law. You may contact a state or local consumer protection agency or a state attorney general to learn those rights.

Civil Code Section 1786.22.

- a) An investigative consumer reporting agency shall supply files and information required under Section 1786.10 during normal business hours and on reasonable notice.
- b) Files maintained on a consumer shall be made available for the consumer's visual inspection, as follows:
 - 1) In person, if he appears in person and furnishes proper identification. A copy of his file shall also be available to the consumer for a fee not to exceed the actual costs of duplication services provided.
 - 2) By certified mail, if he makes a written request, with proper identification, for copies to be sent to a specified addressee. Investigative consumer reporting agencies complying with requests for certified mailings under this section shall not be liable for disclosures to third parties caused by mishandling of mail after such mailings leave the investigative consumer reporting agencies.
 - 3) A summary of all information contained in files on a consumer and required to be provided by Section 1786.10 shall be provided by telephone, if the consumer has made a written request, with proper identification for telephone disclosure, and the toll charge, if any, for the telephone call is prepaid by or charged directly to the consumer.
- c) The term "proper identification" as used in subdivision (b) shall mean that information generally deemed sufficient to identify a person. Such information includes documents such as valid driver's license, social security account number, military identification card, and credit cards. Only if the consumer is unable to reasonably identify himself with the information described above, may an investigative consumer reporting agency require additional information concerning the consumer's employment and personal or family history in order to verify his identity.
- d) The investigative consumer reporting agency shall provide trained personnel to explain to the consumer any information furnished him pursuant to Section 1786.10.
- e) The investigative consumer reporting agency shall provide written explanation of any coded information contained in files maintained on a consumer. This written explanation shall be distributed whenever a file is provided to a consumer for visual inspection as required under Section 1786.22.
- f) The consumer shall be permitted to be accompanied by one other person of his choosing, who shall furnish reasonable identification. An investigative consumer reporting agency may require the consumer to furnish a written statement granting permission to the consumer reporting agency to discuss the consumer's file in such person's presence.