



Volunteer Application Form

Thank you for your interest in Open Hearts Family Wellness. We are devoted to community well-being and to walk besides our clients to inspire a health future.

Open Hearts Company Values = Servant Leadership + Professional Excellence + Bold & Innovative:

- The servant-leader shares power and genuinely puts clients and staff first
- Commitment to providing superior service and modeling the highest standards
- Proactive in taking risks to propel our mission forward.

Benefits of Volunteering

Unpaid volunteers are often the glue that holds a community together. Volunteering allows you to connect to your community and make it a better place. Even helping out with the smallest tasks can make a real difference to the lives of clients in need. And volunteering is a two-way street: It can benefit you and your family as much as the cause you choose to help. Dedicating your time as a volunteer helps you make new friends, expand your network, and boost your social skills.

Personal Information

Name: _____ Telephone: _____

Address: _____

Email: _____ Date of Birth: _____

Gender: _____ Nationality: _____

Emergency Contact: _____ Phone Number: _____

Equal Opportunities

Open Hearts is committed to equal opportunities and all volunteer recruitment decisions will be based on merit, suitability for the role and experience. All volunteer recruitment decisions will not be influenced by race, color, nationality, religion, sex, marital status, family status, sexual orientation, disability, and age. YETC fully endorses a working environment free from discrimination and harassment.

Background Checks

Open Hearts is committed to standards of excellence in Child Protection practices. Where your volunteer role may have direct contact with children, you will be required to provide level one fingerprint clearance card and pass an additional state and federal criminal background check. The last two pages of this application is an authorization to complete a background check.

Your Skills and Interests

Have you ever done any voluntary work before? Yes No

If you answered yes, please tell us a little about the experience.

Why do you want to volunteer now? What has motivated you to get in touch with us?

Do you have any particular skills or qualities that you could use in your voluntary work?

When are you available for volunteer work? Totally Flexible

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Morning							
Afternoon							
Evening							

What kind of voluntary work interests you? Please select program area below (you can select more than one if you wish).

Direct Support to Children Family Services Administration Other _____

How long do you intend to volunteer? _____

If you have any queries when completing this application form, please contact Human Resources at (602) 285-5550. If you would like to find out more about Open Heats go to our website www.openheartsaz.org.

Is there any additional information you would like to bring to our attention?

I declare that the information I have provided is true. All my actions as a volunteer will be in alignment with Open Hearts mission, vision, and value statement.

Signature: _____ Date _____

To apply for volunteer positions, please print, sign, and submit this employment application to Open Hearts Human Resources department to support@openheartsaz.org or fax to 602.792.0435

For office use only

Volunteer Position: _____

Volunteer Interview: _____ Volunteer Start Date: _____

Notes: _____

DISCLOSURE REGARDING BACKGROUND INVESTIGATION

Open Hearts Family Wellness (“the Company”) may obtain information about you from a third party consumer reporting agency for employment purposes. Thus, you may be the subject of a "consumer report" and/or an "investigative consumer report" which may include information about your character, general reputation, personal characteristics, and/or mode of living, and which can involve personal interviews with sources such as your neighbors, friends, or associates. These reports may contain information regarding your criminal history, social security verification, motor vehicle records ("driving records"), verification of your education or employment history, or other background checks. You have the right, upon written request made within a reasonable time, to request whether a consumer report has been run about you, and disclosure of the nature and scope of any investigative consumer report and to request a copy of your report. Please be advised that the nature and scope of the most common form of investigative consumer report is an employment history or verification. These searches will be conducted by Universal Background Screening, Inc., Post Office Box 5920, Scottsdale, AZ 85261, 1-877-263-8033, www.universalbackground.com. The scope of this disclosure is all-encompassing, however, allowing the Company to obtain from any outside organization all manner of consumer reports throughout the course of your employment to the extent permitted by law.

Signature

Date

ACKNOWLEDGMENT AND AUTHORIZATION FOR BACKGROUND CHECK

I acknowledge receipt of the separate document entitled DISCLOSURE REGARDING BACKGROUND INVESTIGATION and A SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT and certify that I have read and understand both of those documents. I hereby authorize the obtaining of "consumer reports" and/or "investigative consumer reports" by Youth Evaluation and Treatment Centers (“the Company”) at any time after receipt of this authorization and throughout my employment, if applicable. To this end, I hereby authorize, without reservation, any law enforcement agency, administrator, state or federal agency, institution, school or university (public or private), information service bureau, employer, or insurance company to furnish any and all background information requested by Universal Background Screening, Inc., Post Office Box 5920, Scottsdale, AZ 85261, 1-877-263-8033, www.universalbackground.com, and/or the Company itself. I agree that a facsimile ("fax"), electronic or photographic copy of this Authorization shall be as valid as the original.

New York applicants only: Upon request, you will be informed whether or not a consumer report was requested by the Company, and if such report was requested, informed of the name and address of the consumer reporting agency that furnished the report. You have the right to inspect and receive a copy of any investigative consumer report requested by the Company by contacting the consumer reporting agency identified above directly. By signing below, you acknowledge receipt of Article 23-A of the New York Correction Law.

Washington State applicants only: You also have the right to request from the consumer reporting agency a written summary of your rights and remedies under the Washington Fair Credit Reporting Act.

Minnesota and Oklahoma applicants only: Please check this box if you would like to receive a copy of a consumer report if one is obtained by the Company.

California applicants or employees only: Under California Civil Code section 1786.22, you are entitled to find out what is in the CRA's file on you with proper identification, as follows:

- In person, by visual inspection of your file during normal business hours and on reasonable notice. You also may request a copy of the information in person. The CRA may not charge you more than the actual copying costs for providing you with a copy of your file.
- A summary of all information contained in the CRA file on you that is required to be provided by the California Civil Code will be provided to you via telephone, if you have 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 you.

By requesting a copy be sent to a specified addressee by certified mail. CRAs complying with requests for certified mailings shall not be liable for disclosures to third parties caused by mishandling of mail after such mailings leave the CRAs.

"Proper Identification" includes documents such as a valid driver's license, social security account number, military identification card, and credit cards. Only if you cannot identify yourself with such information may the CRA require additional information concerning your employment and personal or family history in order to verify your identity. The CRA will provide trained personnel to explain any information furnished to you and will provide a written explanation of any coded information contained in files maintained on you. This written explanation will be provided whenever a file is provided to you for visual inspection. You may be accompanied by one other person of your choosing, who must furnish reasonable identification. A CRA may require you to furnish a written statement granting permission to the CRA to discuss your file in such person's presence.

Please check this box if you would like to receive a copy of an investigative consumer report or consumer credit report at no charge if one is obtained by the Company whenever you have a right to receive such a copy under California law.

Signature

Date

Full Name (First/Middle/Last)

Social Security Number (SSN)*

Driver License State/ Number and Expiration

Date of Birth*

Current Address

City, State, and Zip Code

*SSN and DOB will be used for identification purposes and will not be used as selection criteria.

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