



851 S. A Street
 Oxnard, CA 93030
 Tel. 805.385.7244
 Fax 805.385.7246
 Email: info@amongfriends.org

VOLUNTEER APPLICATION

PERSONAL INFORMATION

| | | | | | |
|---|-----------|--------|---------------------------------------|------------------------------------|------|
| Name (Individual / Organization): | | | | Date: | |
| Address: | | | City: | | Zip: |
| 1° Phone: | 2° Phone: | Email: | | SSN: | |
| How did you learn of the position available? <input type="checkbox"/> Among Friends Website <input type="checkbox"/> Newspaper Ad <input type="checkbox"/> Cal Jobs <input type="checkbox"/> TCRC <input type="checkbox"/> Senior Companion <input type="checkbox"/> Other: | | | | Were you referred to us by anyone? | |
| Have you ever been convicted of a felony? | | | | | |
| If yes, what was the charge? _____ | | | | | |
| Are you currently employed? | | | May we contact your present employer? | | |
| Are you legally eligible for employment in the U.S.A.? | | | | | |

VOLUNTEER SERVICES

| | | | | | | |
|---|--|---|---|---|---|---|
| Have you ever volunteered your services before? If so, when? Where? | | | | | | |
| What services offered at the center would you be interested in conducting? (please check all that apply) | | | | | | |
| <input type="checkbox"/> Activities | <input type="checkbox"/> Meal Distribution | <input type="checkbox"/> Field Trips | <input type="checkbox"/> Exercise Gps | <input type="checkbox"/> Cooking | | |
| <input type="checkbox"/> Filing | <input type="checkbox"/> Entertainment | <input type="checkbox"/> Personal Care | <input type="checkbox"/> Transportation | <input type="checkbox"/> Cleaning | | |
| <input type="checkbox"/> Education Classes | | <input type="checkbox"/> Discussion Gps | <input type="checkbox"/> Social Svc Assistance | <input type="checkbox"/> Therapy Assistance | | |
| <input type="checkbox"/> Other (Pls Explain): | | | | | | |
| Available schedule: | | Monday | Tuesday | Wednesday | Thursday | Friday |
| <input type="checkbox"/> Full Time | <input type="checkbox"/> Part Time | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| List any special skills, interests that make you especially suited to volunteer at our company (languages, comp skills, etc): | | | | | | |
| List any organizations, club (civil, athletic, etc.) involvement: | | | | | | |
| Have you ever applied for our company before? If yes, when? | | | | | | |
| Do you have any friends or relatives working for our company? | | | | | | |
| If yes, list name and relationship? | | | | | | |

EDUCATION

| SCHOOL | NAME & LOCATION | GRADUATED | | MAJOR SUBJECTS |
|--------------------|-----------------|-----------|----|----------------|
| | | Yes | No | |
| College/University | | | | |
| High School | | | | |
| Other (specify) | | | | |
| Other (specify) | | | | |



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EMPLOYMENT / VOLUNTEER INFORMATION

Please include all employment / volunteer information for the last 10 years beginning with most recent employer

| | | | |
|---------------------|-------------------------------|------------|----------|
| Name of Employer: | May we contact this employer? | | |
| Address: | Name of Supervisor: | Telephone: | |
| | Specific Duties: | | |
| Your Title: | | | |
| Reason for leaving: | Starting Salary: | From Date: | To Date: |
| | Ending Salary: | | |
| Name of Employer: | May we contact this employer? | | |
| Address: | Name of Supervisor: | Telephone: | |
| | Specific Duties: | | |
| Your Title: | | | |
| Reason for leaving: | Starting Salary: | From Date: | To Date: |
| | Ending Salary: | | |
| Name of Employer: | May we contact this employer? | | |
| Address: | Name of Supervisor: | Telephone: | |
| | Specific Duties: | | |
| Your Title: | | | |
| Reason for leaving: | Starting Salary: | From Date: | To Date: |
| | Ending Salary: | | |
| Name of Employer: | May we contact this employer? | | |
| Address: | Name of Supervisor: | Telephone: | |
| | Specific Duties: | | |
| Your Title: | | | |
| Reason for leaving: | Starting Salary: | From Date: | To Date: |
| | Ending Salary: | | |

UNEMPLOYMENT HISTORY

Please account for all times of unemployment during the last 10 years after completing school by listing, both the exact periods of time & the corresponding reasons for unemployment. Please do not include periods of unemployment of one month or less.

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PROFESSIONAL REFERENCES

List below three persons not related to you from either a business or academic setting, who has knowledge of your prior performance abilities within the last 3 years.

| NAME | RELATIONSHIP | ADDRESS | PHONE NUMBER | YRS ACQUAINTED |
|------|--------------|---------|--------------|----------------|
| | | | | |
| | | | | |
| | | | | |



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LICENSE INFORMATION

| | | |
|---|-------------------|---------------|
| License / Certificate Name: | License / Cert #: | State Issued: |
| If your license / certificate has ever lapsed, been revoked or suspended, please explain: | | |
| | | |
| | | |

ATTENDANCE HISTORY

| |
|---|
| Is there any reason you would not be able to fully conform to all attendance requirements? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| If yes, please explain: |
| |
| |

IN CASE OF EMERGENCY, NOTIFY (NAME): _____

ADDRESS: _____

PHONE: _____

BACKGROUND CHECKS: AMONG FRIENDS IS CONCERNED ABOUT VIOLENCE IN THE WORKPLACE, FALSIFIED EMPLOYMENT APPLICATIONS, AND EMPLOYEE THEFT. WE WILL CONDUCT A FULL BACKGROUND CHECK ON ALL CANDIDATES FOR VOLUNTEER SERVICES. PLEASE COMPLETE AND SIGN THE SEPARATE NOTIFICATION FORM.

I AUTHORIZE INVESTIGATION OF ALL STATEMENTS CONTAINED IN THIS APPLICATION. I UNDERSTAND THAT FALSIFICATION, MISREPRESENTATION OR OMISSION OF FACTS CALLED FOR IS CAUSE FOR DISMISSAL. FURTHER, I UNDERSTAND AND AGREE THAT MY VOLUNTEER SERVICES IS AT WILL AND FOR NO DEFINITE PERIOD AND MAY, AT THE DISCRETION OF THE VOLUNTEER & EMPLOYER, BE TERMINATED AT ANY PREVIOUS NOTICE.

 APPLICANT SIGNATURE:

 DATE:

 SIGNATURE OF PARENT / GUARDIAN IF APPLICANT IS A MINOR

 DATE:

CONSUMER DISCLOSURE AND AUTHORIZATION FORM

Disclosure Regarding Background Investigation

American Trademark Corporation (the "Company") may request, for lawful employment purposes, background information about you from a consumer reporting agency in connection with your employment or application for employment (including independent contractor assignments, as applicable). This background information may be obtained in the form of consumer reports and/or investigative consumer reports (commonly known as "background reports"). These background reports may be obtained at any time after receipt of your authorization and, if you are hired or engaged by the Company, throughout your employment or your contract period.

HireRight, Inc., or another consumer reporting agency, will prepare or assemble the background reports for the Company. HireRight, Inc. is located and can be contacted by mail at 5151 California, Irvine, CA 92617, and HireRight can be contacted by phone at (800) 400-2761. Information about HireRight's privacy practices is available at www.hireright.com/Privacy-Policy.aspx.

The background report may contain information concerning your character, general reputation, personal characteristics, mode of living, and credit standing. The types of information that may be obtained include, but are not limited to: social security number verifications; address history; credit reports and history; criminal records and history; public court records; driving records; accident history; worker's compensation claims; bankruptcy filings; educational history verifications (e.g., dates of attendance, degrees obtained); employment history verifications (e.g., dates of employment, salary information, reasons for termination, etc.); personal and professional references checks; professional licensing and certification checks; drug/alcohol testing results, and drug/alcohol history in violation of law and/or company policy; and other information bearing on your character, general reputation, personal characteristics, mode of living and credit standing.

This information may be obtained from private and public record sources, including, as appropriate: government agencies and courthouses; educational institutions; former employers; personal interviews with sources such as neighbors, friends and associates; and other information sources. If the Company should obtain information bearing on your credit worthiness, credit standing or credit capacity for reasons other than as required by law, then the Company will use such credit information to evaluate whether you would present an unacceptable risk of theft or other dishonest behavior in the job for which you are being evaluated.

You may request more information about the nature and scope of any investigative consumer reports by contacting the Company. A summary of your rights under the Fair Credit Reporting Act is also being provided to you.

Additional State Law Notices

If you are a California, Maine, Massachusetts, New York or Washington State applicant, employee or contractor, please also note:

CALIFORNIA: Pursuant to section 1786.22 of the California Civil Code, you may view the file maintained on you by HireRight during normal business hours. You may also obtain a copy of this file, upon submitting proper identification and paying the costs of duplication services, by appearing at HireRight's offices in person, during normal business hours and on reasonable notice, or by certified mail. You may also receive a summary of the file by telephone, upon submitting proper identification and written request. HireRight has trained personnel available to explain your file to you, including any coded information, and will provide a written explanation of any coded information contained in your file. If you appear in person, you may be accompanied by one other person, provided that person furnishes proper identification. "Proper identification" includes documents such as a valid driver's license, social security account number, military identification card, and credit cards. If you cannot identify yourself with such information, HireRight may require additional information concerning your employment and personal or family history to verify your identity.

MAINE: You have the right, upon request, to be informed of whether an investigative consumer report was requested, and if one was requested, the name and address of the consumer reporting agency furnishing the report. You may request and receive from the Company, within five business days of our receipt of your request, the name, address and telephone number of the nearest unit designated to handle inquiries for the consumer reporting agency issuing an investigative consumer report concerning you. You also have the right, under Maine law, to request and promptly receive from all such agencies copies of any such reports.

MASSACHUSETTS: If we request an investigative consumer report, you have the right, upon written request, to a copy of the report.

NEW YORK: You have the right, upon written request, to be informed of whether or not an investigative consumer report was requested. If an investigative consumer report is requested, you will be provided with the name and address of the consumer reporting agency furnishing the report. You may inspect and receive a copy of the report by contacting that agency. Please click [here](#) for additional information about New York law, as applicable.

WASHINGTON STATE: If the Company requests an investigative consumer report, you have the right, upon written request made within a reasonable period of time after your receipt of this disclosure, to receive from the Company a complete and accurate disclosure of the nature and scope of the investigation requested by the Company. 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.

Authorization of Background Investigation

I have carefully read and understand this Disclosure and Authorization form and the attached summary of rights under the Fair Credit Reporting Act. By my signature below, I consent to preparation of background reports by a consumer reporting agency such as HireRight, Inc., and to the release of such background reports to the Company and its designated representatives and agents, for the purpose of assisting the Company in making a determination as to my eligibility for employment (including independent contractor assignments, as applicable), promotion, retention or for other lawful employment purposes. I understand that if the Company hires me or contracts for my services, my consent will apply, and the Company may obtain background reports, throughout my employment or contract period.

I understand that information contained in my employment or contractor application, or otherwise disclosed by me before or during my employment or contract assignment, if any, may be used for the purpose of obtaining and evaluating background reports on me. I also understand that nothing herein shall be construed as an offer of employment or contract for services.

I hereby authorize law enforcement agencies, learning institutions (including public and private schools and universities), information service bureaus, credit bureaus, record/data repositories, courts (federal, state and local), motor vehicle records agencies, my past or present employers, the military, and other individuals and sources to furnish any and all information on me that is requested by the consumer reporting agency.

By my signature below, I also certify the information I provided on and in connection with this form is true, accurate and complete. I agree that this form in original, faxed, photocopied or electronic (including electronically signed) form, will be valid for any background reports that may be requested by or on behalf of the Company.

California, Minnesota or Oklahoma applicants only: You will be provided with a free copy of any consumer reports or investigative consumer reports obtained on you if you check the box below.

I wish to receive a free copy of the report.

Applicant Last Name _____ First _____ Middle _____
Applicant Signature _____ Date _____