



Elder Network

OFFICE ONLY
BG _____
Entered _____
Training _____

Volunteer Application

Our mission: Individuals impacted by the limiting effects of aging have an optimal quality of life.

I am interested in becoming an Elder Network volunteer. I understand that all information on this application will be considered confidential.

Name: _____ Date of Birth: _____
Last First Middle (Required for background check)

Address: _____
Street City State Zip Code

Phone (home) _____ (work) _____ (cell) _____

Email: _____

Emergency Contact Name: _____ Phone # _____

Please check off volunteer opportunity/ies that most interest you:

- _____ Peer Support Volunteer – volunteer must be over 55 years of age (1-2 hrs a week)
- _____ Respite/Caregiver Volunteer* - (1-2 hrs a week)
- _____ Friendly Visitor Volunteer* – (1-2 hrs a week)
- _____ Transportation *(Transportation to medical appointments, **Olmsted County Only**)
- _____ Fundraising
- _____ Clerical Support
- _____ Student Experience or Internship
- _____ Education Instructor
- _____ Board position
- _____ Other, please name _____

* must be 18 years or older unless accompanied by parent

How did you hear about Elder Network? _____

Training is required to become a volunteer. Are you willing to make this time commitment? Yes/No

Signature: _____ Date: _____
(Required)

Please return Authorization and Personal Data Form along with this application to:
Elder Network, 1130 1/2 7th St NW, Ste 205 , Rochester, MN 55901
Questions call (507) 285-5272
Serving Olmsted County, Wabasha County, Winona County



1130 ½ 7th St. NW
Suite 205
Rochester, MN 55901
507 285-5272

DISCLOSURE AND AUTHORIZATION FORM TO OBTAIN CONSUMER REPORTS FOR EMPLOYMENT PURPOSES

Please Read Carefully Before Signing the Authorization

DISCLOSURE

In considering you for volunteer/employment and, if you are employed, in considering you for subsequent promotion, assignment, reassignment, retention, or discipline, Elder Network (“the Company”) may request and rely upon one or more consumer reports or investigative consumer reports about you that we obtain from a consumer reporting agency, such as IntelliCorp Records, Inc.

IntelliCorp Records, Inc. can be contacted by mail at 3000 Auburn Dr, Suite 410; Beachwood, OH 44122; or phone: 1-888-946-8355; or website: www.intellicorp.net.

For explanation purposes:

- a “consumer report” is a written, oral or other communication of any information by a consumer reporting agency bearing on your credit worthiness, credit standing, credit capacity, character, general reputation, personal characteristics, or mode of living which is used or expected to be used or collected in whole or in part for the purpose of serving as a factor in making an employment-related decision about you. Such information may include, for example, credit information, criminal history reports, or driving records; and
- an “investigative consumer report” is a consumer report in which information on your character, general reputation, personal characteristics, or mode of living is obtained through personal interviews with your prior employers, neighbors, friends, or associates, or with others who may have knowledge concerning any such items of information. In the event an investigative consumer report is requested about you, you are entitled to additional disclosures regarding the nature and scope of the investigation requested, as well as a written summary of your rights under the Fair Credit Reporting Act (“FCRA”).

Under the FCRA, before the Company can obtain a consumer report or investigative consumer report about you for employment purposes, we must have your written authorization. Before we take adverse action on the basis, in whole or in part, of information in that report, you will be provided a copy of that report, the name, address, and telephone number of the consumer reporting agency, and a summary of your rights under the FCRA.



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AUTHORIZATION

I have read and understand the foregoing Disclosure, and authorize Elder Network to obtain and rely upon consumer reports or investigative consumer reports concerning me. By my signature below, I authorize the Company to obtain any such reports and to share the information received with any person involved in their decision about me.

I do _____ do not _____ authorize you to contact *my current* employer for Employment and Reference Verifications

(This will authorize immediate inquiries to the Human Resources Department and to any listed supervisors or references in the Employment/Reference Section of your application.)

I also agree that this Disclosure and Authorization in original, faxed, photocopied, or electronic (including electronically signed) form will be valid for any consumer reports or investigative consumer reports that may be requested about me by or on behalf of the Company.

Printed Name

Applicant Signature

Date

Parent or Legal Guardian Signature
(for searches conducted on minors under
the age of 18)

Date

INDIVIDUALS WHO ARE OR WILL BE EMPLOYED IN MINNESOTA

- You may request a free copy of any consumer report or investigative consumer report we obtain on you by checking the box.



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Personal Data

| | | |
|---|--|---------------------|
| _____ | | _____ |
| Last Name | First Name | Middle Name |
| _____ | | _____ |
| Current Address | | Dates Lived Here |
| Addresses for the Past Seven Years: (include street, city, state, zip code) | | Dates of Residence: |
| _____ | | _____ |
| _____ | | _____ |
| _____ | | _____ |
| _____ | _____ | _____ |
| Date of Birth | Other Names Used (including maiden name) | Years Used |
| _____ | _____ | _____ |
| Social Security Number | Driver's License # | State |
| _____ | | |
| Email address (may be used for official correspondence) | | |

I have the right to make a request to **IntelliCorp Records, Inc**, upon proper identification, to request the nature and substance of all information in its files on me at the time of my request, including sources of information, and the recipients of any reports on me which **IntelliCorp Records, Inc** has previously furnished within the two year period preceding my request.

I certify that all elements of the personal data I have provided are true, accurate and complete. I understand and agree that any omission, false statement, misleading statement, or answer made by me will be sufficient grounds for rejection or discharge.

| | | |
|--------------|---------------------|-------|
| _____ | _____ | _____ |
| Printed Name | Applicant Signature | Date |