

VIP Services, Inc. Volunteer Application

Date Application Received: _____



VIP Services, Inc. will keep this application on file for 1 year. Please help us keep your application current by informing us of any changes. Please note that all volunteers will need to agree to a DOJ & Caregiver Background check, along with an in-person interview and tour of our facility.

Thank you for considering Volunteer opportunities at VIP Services, Inc.

Instructions: PLEASE PRINT or fill out form online. Please fill out application completely. There may be additional information requested if necessary.

LAST NAME: _____ MI: _____ FIRST NAME: _____

ADDRESS: _____ CITY/STATE/ZIP: _____

PHONE: _____ EMAIL ADDRESS: _____

Have you volunteered here before? YES NO *(check one)*

How did you hear of VIP Services, Inc?

AVAILABILITY

Days:

Times:

Frequency:

SPECIAL SKILLS, HOBBIES AND/OR INTERESTS *(computers, sign language, crafts, sports, gardening, etc.)*

PERSONAL & PROFESSIONAL REFERENCES :

Reference #1: _____ Title: _____

Address: _____ Phone: _____

Relationship: _____

Reference #2: _____ Title: _____

Address: _____ Phone: _____

Relationship: _____

Reference #3: _____ Title: _____

Address: _____ Phone: _____

Relationship: _____

Please read carefully before signing this application:

I understand that applying for a volunteer role with VIP Services, Inc. that I will be working with a vulnerable population that may have disabilities and/or other barriers. As such I consent to VIP Services to conduct background checks using the following means. *(all information will be kept confidential and will only be used to determine my fit as a volunteer for VIP Services, Inc.)*

By signing below, I indicate that all information provided on this application is true and correct to the best of my knowledge. I authorize VIP Services, Inc. to contact those specified for reference checks.

SIGNING THIS DOCUMENT GIVES PERMISSION TO THIS AGENCY TO CONDUCT A DOJ CRIMINAL AND CAREGIVER BACKGROUND CHECK. VIP SERVICES RESERVES THE RIGHT TO CHECK FOR SEX OFFENDER VIOLATIONS, MOTOR VEHICLE RECORD AND INSURANCE VERIFICATION.

A background check will only be conducted if an applicant is being considered for volunteer opportunities with VIP Services, Inc.

Social Security Number: _____ **Date of Birth:** _____

INFORMATION ABOVE IS REQUIRED FOR COMPLETION OF PRE-VOLUNTEER BACKGROUND CHECKS.

Applicant's Signature: _____ **Date:** _____