



Circle the City

HEALING HOMELESSNESS. TOGETHER.

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Adult Volunteer Application – Phase 1

Requirements: Along with this completed application, must provide documentation for:

- CDC CoVid 19 vaccination card showing fully Vaccinated for CoVid19 (both shots for Pfizer & Moderna or 1 shot for Janssen (Johnson & Johnson), with a 2 week period after the last shot).
- Government issued photo ID (driver’s license, etc.)
- 21 years of age or older
- Signed consent for conducting a Universal Criminal Background check
- Current TB test
- Flu shot (December 1 through March 31)

Last Name: _____ First Name: _____ MI: _____

Home Address: _____

City: _____ State: _____ Zip: _____ County: _____

Home Phone: _____ Mobile Phone: _____

Email Address: _____

Emergency Contact Information

Emergency Contact Name: _____ Relationship: _____

Emergency Contact Phone: _____ Emergency Contact Phone 2: _____

Do you have any physical or medical conditions which will limit your ability to perform volunteer service or will require special accommodation? Yes No

If yes, please explain: _____

History and Availability

How did you hear about our volunteer program?

Self Website Employee Volunteer School Advisor Other: _____

Approximately how many hours per month are you willing to volunteer: _____

Why do you wish to volunteer? _____

In what capacity do you wish to volunteer? _____

Employment/Experience/Education

Work Status: Student Homemaker Retired Seeking Employment Employed

If employed, where and in what capacity: _____

Previous volunteer/community work: _____

Level of education completed: HS Diploma GED Some College Undergraduate Masters PhD

If enrolled in college, where? _____

Hobbies, interests, extracurricular activities: _____

Languages: _____ Other special skills: _____

Volunteer Availability

Time	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Mornings							
Afternoons							
Evenings							

Do you prefer (Check one): Patient Contact No Patient Contact Clerical Other: _____

Are you willing to be called for special projects? Yes No

Background Check

A background check will be conducted on all adult volunteer applicants. CTC conducts criminal history checks on every volunteer. Please note that conviction of a crime is not an automatic disqualification. We will need your signed consent to conduct a national criminal background check as a condition for volunteering.

No volunteer of CTC will discriminate against an applicant for volunteering or a fellow volunteer because of race, creed, color, religion, sex, national origin, ancestry, age or any physical or mental disability.

Is your volunteer service intended to satisfy court-ordered community service? Yes No

Volunteer Commitment to Confidentiality and Service

Should I be accepted as a CTC Volunteer, I agree to:

- **Commit to at least 6 consecutive months of volunteering with a frequency of at least every other week.**
- Maintain the confidentiality of all information which I may obtain directly or indirectly concerning patients, physicians, volunteers or staff.
- Not seek confidential information in regard to any patient.
- Uphold the Mission, Vision, Values and Code of Conduct of CTC.
- Make every effort to fulfill my volunteer commitment.

I certify the statements made in this application are true and correct, and given voluntarily. I understand that my time and services are donated to CTC without contemplation of future employment and also understand that I will not be paid for my services as a volunteer. Prior to the onset of serving as a volunteer, I understand that I will be required to complete an Orientation, Occupational Health Screening and additional training that a service assignment may require.

I am aware that the misrepresentation and/or withholding of information may result in the rejection of this application or cause my discharge if discovered after volunteer service commences.

Applicant's Signature: _____ Date: _____

DISCLOSURE REGARDING BACKGROUND INVESTIGATION

Circle the City ("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 Circle the City ("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 copy under California law.

Signature	Date
Full Name (First/Middle/Last)	Social Security Number (SSN)"
Driver License State /Number and expiration date	Date of Birth*
Current Address	City, State and Zip Code
Phone No.	Email Address

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