



T.E.A.M Vacaville Buddy Club Volunteer Application

Thank you for your interest in Team Vacaville. We are excited to have you as part of our team as we build a better community! Please complete the following application.

GENERAL INFORMATION

First Name: _____ Last Name: _____ Middle Name: _____

Address _____

Phone _____ Cell _____ Email _____

Do you have children? Yes No How many? _____ Special Needs Children: Yes No

If you have Special Needs Children, please tell us a little about them:

EMERGENCY CONTACT / MEDICAL INFORMATION

Emergency Contact Name: _____

Phone number: _____ Relationship: _____

Do you have any health issues or allergies? YES NO _____

REFERENCES

Please List two non-family personal or community references. All information is required.

Reference 1

Name: _____

Address: _____

Phone Number: _____

Reference 2

Name: _____

Address: _____

Phone Number: _____



T.E.A.M Vacaville Buddy Club Volunteer Application

Background Questionnaire

TEAM Vacaville is dedicated to the safety of the children and adults in our organization. It is mandatory to complete the following section. Failure to complete this application in its entirety will disqualify your application. This information is confidential and for internal use only.

- Has your license ever been suspended or revoked? Yes No
- Have you ever been convicted of a criminal offense? Yes No
- Have you ever been convicted of the use or sale of illegal drugs? Yes No
- Have you ever been convicted of child neglect or abuse? Yes No
- Has anyone in your household been convicted of felony/crime/child abuse? Yes No
- Is anyone in your household a registered sex offender? Yes No

If you stated YES to any of the above questions:

State of Offense: _____ Date of Offense: _____ Location of Offense: _____

Explanation: _____

Do you have a current Drivers License? Yes No

Driver's License # _____ State: _____ Expiration: _____

DISCLOSURE AND WRITTEN AUTHORIZATION

This is an application for a volunteer position with TEAM Vacaville for which there is no monetary compensation. In the selection of volunteers, there shall be no discrimination against an otherwise qualified individual on the basis of race, color, ethnicity, sex, religion, creed, national origin, socioeconomic status, age, disability, marital status, veteran status, or any other basis prohibited by federal, state, or local law.

I understand that any misrepresentation, omission or falsification of any fact from this application or during any interview will be cause for rejection of this application or dismissal from volunteer services.

I understand that in connection with my application for volunteer services, TEAM Vacaville, IntelliCorp, their agents, assignees or any other authorized third parties (collectively, the "Investigators") may be performing, requesting, obtaining or conducting a background check on me.



T.E.A.M Vacaville Buddy Club Volunteer Application

This background check may include an inquiry into my employment history, education, general character or reputation, work experience, volunteer experience, driving and/or criminal history.

I understand that TEAM Vacaville may rely on any part or all of this information in determining whether to extend an offer of volunteer duties to me. I further understand that if any adverse action is taken by TEAM Vacaville, or if TEAM Vacaville chooses not to extend an offer of volunteer duties to me based on the information, that I will be provided a copy of such information along with a summary of my rights under the Fair Credit Reporting Act.

I understand that the background check, which may be performed by Investigators, is being performed as part of the process to evaluate me prior to volunteer assignments, and is not conducted for any purpose other than in connection with my application for volunteer duties.

AUTHORIZATION:

I have read and understand the foregoing Disclosure and authorize Team Vacaville and rely upon investigative consumer reports in considering me for a volunteer position. By my signature below, I authorize TEAM Vacaville to obtain any such reports and to share the information received with any person involved in the volunteer decision about me. I hereby release any and all Investigators, including IntelliCorp, from any and all liability related to the procurement of disclosure of any information provided by me or obtained about me in connection with my application with TEAM Vacaville. I further direct and authorize Investigators to conduct the background check and further authorize any third parties who may be the custodians of or be in possession of the request information to disclose such information to Investigators in connection with this background check.

As a TEAM Vacaville volunteer, I agree to:

Provide up-to-date information if there are any changes to volunteer application and background check data.

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

Signature: _____

Date: _____



T.E.A.M Vacaville Buddy Club Volunteer Application

PHOTO RELEASE

From time to time, Team Vacaville, Inc. will update various media outlets with photos of Team activities and members and volunteers. This may include Facebook page, website, or newsletters and publications, and sometimes the local newspaper. I give permission to have my photo used for Team Vacaville publications and media outlets.

Signature: _____

Date: _____

RELEASE OF LIABILITY

I, _____, agree to volunteer for TEAM Vacaville, Inc. As a volunteer, I understand that I will be participating in scheduled activities. I also understand that it is my responsibility to notify TEAM Vacaville, Inc. in a timely manner if I am unable to make a scheduled event, so that a replacement volunteer support staff can be found. I also understand that I will not be compensated for any time spent volunteering. I am aware that participation as a volunteer may require periods of standing, lifting and carrying up to 40 pounds and will require the exercise of reasonable care to avoid injury. I am voluntarily participating in this activity with knowledge of the hazards and potential dangers involved, and agree to accept any and all risks of personal injury and property damage. As consideration for volunteering for TEAM Vacaville, Inc., I hereby agree that I, and my assignees, heirs, guardians, and legal representatives, will not make a claim against or sue TEAM Vacaville, Inc. or its officers, agents or contractors for injury or damage resulting from the negligence, whether active or passive, or other acts, however caused, by any officers, agents or contractors of TEAM Vacaville, Inc. as a result of my volunteering. I HEREBY RELEASE AND DISCHARGE TEAM Vacaville, Inc. AND ITS OFFICERS, EMPLOYEES AGENTS AND CONTRACTORS FROM ALL ACTIONS, CLAIMS, OR DEMANDS THAT I, MY HEIRS, GUARDIANS, AND LEGAL REPRESENTATIVES NOW HAVE, OR MAY HAVE IN THE FUTURE, FOR INJURY OR DAMAGE RESULTING FROM MY PARTICIPATION IN THE PROJECT OR EVENTS. I authorize TEAM Vacaville, Inc. to seek emergency medical treatment on my behalf in case of injury, accident or illness to me arising from my involvement as a volunteer. I understand that I will be responsible for medical costs incurred by such accident, illness or injury. I understand that the materials and tools provided by TEAM Vacaville, Inc. are and remain the property of TEAM Vacaville, Inc., and I agree to return these tools and any remaining materials to TEAM Vacaville, Inc. at the end of my volunteer service.

I HAVE CAREFULLY READ THIS AGREEMENT AND FULLY UNDERSTAND ITS CONTENTS.
I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND SIGN IT OF MY OWN FREE WILL.

Signature: _____

Date: _____

Please return completed application to: teamvacavillesolano@gmail.com
T.E.A.M Vacaville: Together Everyone Always Matters



T.E.A.M Vacaville Buddy Club Volunteer Application

Thank you for your interest in joining TEAM Vacaville. Please take a moment to share a little about yourself and why you would like to join our team.

1. Why I want to volunteer with TEAM Vacaville?

2. What would you like to know about our program?

3. Do you have any experience with Special Needs Children? (Please explain)

4. What do you feel you can contribute to our program?

5. Have you done volunteer work before? What have you liked most and what did you like least?

6. How do **YOU** describe yourself?

7. How do **OTHERS** describe you?

8. When considering your application, what additional things would you like for us to know?

9. Can you make a minimum one year commitment?
