

Application for Volunteer Mentor Services

Name: _____ Email: _____

Home Phone: _____ Cell Phone: _____

Address: _____ City/State/Zip: _____

Driver's License Number: _____ Date of Birth: _____

List at least 5-6 of your specific skills, interests, and hobbies that you can share with others at LifeScape:

Why have you chosen LifeScape to share your talents and mentor others?

Specific Volunteer Work Interest (mark all that apply):

- Work one-on-one with adults with disabilities
 Office/General Administrative
 Work one-on-one with children with disabilities

Length of Commitment (mark one):

Regular, long term

Hours per week: _____

Hours per month: _____

Education Requirement, short term

High School College Other

Total Hours Requesting: _____

One Time, special event

Event: _____

Court Ordered

Explain: _____
(custodial/maintenance opportunities only for court ordered)

Days Preferred & List Specific Time Frames Available Per Day

(List all days/times that you may be available to aid in identifying what opportunities may match with your availability.)

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday



Educational/Employment Background: _____

Current Occupation: _____

Previous Volunteer Experience: _____

Are you 18 years of age or older? Yes No, age: _____ Do you possess a valid driver's license? Yes No

List all other names you go by (nickname/maiden name): _____

List previous states you have lived: _____

Convicted of a felony/misdemeanor? Yes No If yes, explain: _____

References (Must list two—no relatives permitted):

Name: _____ Name: _____

Association to Reference: _____ Association to Reference: _____

Email address: _____ Email address: _____

Phone number: _____ Phone number: _____

- I certify that answers contained herein are true and complete to the best of my knowledge.
- I authorize investigation of all statements contained herein and authorize the references listed above to give any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release all parties from all liability for any damage that may result from furnishing same to you.
- I understand that this application is not and is not intended to be a contract of employment.
- I understand, also, that I am required to abide by all rules and regulations of the company. I further understand that I am agreeing to participate on a volunteer basis and that I will receive NO pay for the time spend or injury compensation if hurt.
- I understand and agree that if a volunteer opportunity is offered, my volunteer experience is for no definite period and may be terminated for unsatisfactory performance or repeated infraction of rules, regulation, and/or policies. I will also treat all information to which I have access in a confidential manner.

Signature: _____ Date: _____

FOR OFFICE USE ONLY:

Reference #1:

Reference #2

Date TB Test Read (as needed): _____ Start Date: _____ Orientation Date: _____

Reviewed by/Date: _____

Assignment: _____

Tuberculosis (TB) Risk Assessment

Name: _____

Date: _____

The Department of Health follows the guidelines of the American Thoracic Society and the Centers for Disease Control which now recommends the TB skin testing be targeted to those who are at risk.

All information on the TB Risk Assessment will be handled discreetly and will be used only for purposes of determining if a TB test will be administered. False or misleading information given on this form may likely result in discharge.

Tuberculosis is defined as a bacterial disease that can damage a person's lungs and also affects the lymph nodes, kidneys, bones, and joints. It is generally transmitted by inhalation or ingestion of infected droplets. Symptoms of TB are low grade fever, night sweats, persistent cough, fatigue, weight loss, and loss of appetite.

Please review the risk factors listed below and answer the questions at the bottom.

Risk factors for TB can include the following (if you have any of these risk factors, please include dates and length of time, if applicable):

- Born outside of the United States: _____
- Travel outside of the United States: _____
- Spent time on a Reservation or spent time with someone who resides on a Reservation: _____
- Diabetes: _____
- Renal dialysis: _____
- History of alcoholism or excessive use of alcohol: _____
- A family member diagnosed with TB: _____
- Taken care of someone diagnosed with TB: _____
- Previously diagnosed with TB: _____
If yes, have you been treated and when? _____
- Unexplained weight loss: _____
- Unexplained fever: _____
- Night sweats: _____
- Unexplained cough, with or without blood: _____
- Productive cough of two or three weeks or more in duration despite treatment: _____
- HIV positive: _____
- IV drug use: _____
- Being on immunosuppressive drug therapy (steroids) or being immune suppressed: _____

If you have any of these above risk factors, have you since had a negative TB test? Yes No

- I am not at risk of TB.
- I may be at risk for TB and will need to be screened for TB. (This is done at the physician's clinic. Please set up an appointment with your primary care physician.)
- I request a TB skin test. (This is done at the physician's clinic. Please set up an appointment with your primary care physician.)

Signature: _____

Date: _____

Applicant Driving History

Please identify if you have had any of the following driving violations: *(check all that apply)*

- Driving under the influence of alcohol or drugs
- Hit and run
- Failure to report an accident
- Negligent homicide arising out of the use of a motor vehicle
- Operating during a period of suspension or revocation
- Using a motor vehicle for the commission of a felony
- Permitting an unlicensed person to drive
- Reckless driving
- Speed contest (speeding ticket) Please list dates and circumstances

List any violations you have received in the last three years which are not identified above with the approximate dates of each violation.

If you have had zero (0) violations, please check

I certify that answers given herein are true and complete to the best of my knowledge.

In the event of volunteering or employment, I understand that false or misleading information given on the form may likely result in discharge.

NOTICE:

Personal information collected by the department of motor vehicles may not be disclosed to any person making a request for a motor vehicle record in accordance with the provisions subsection (c) or (d) of section 12-10 of the General Statutes unless you indicate you consent to disclosure. Your signature on this form allows disclosure of your motor vehicle record related information to LifeScape for employment purposes as needed. You will receive a verbal notification if such record is requested.

Signature: _____

Date: _____

Volunteer Mentor Emergency Information Form

Volunteer Mentor Name: _____ Date: _____

Phone: _____

Emergency Contact:

Name: _____

Association to you: _____

Home phone: _____

Work phone: _____

Cell phone: _____

Hospital Preference: _____

Doctor Preference: _____

Volunteer Mentor Parent Consent Form

For volunteers under the age of 18 only

I, _____, give permission for my son/daughter to participate in volunteer
(parent printed name)

activities at LifeScape. I understand that my child's volunteer activities will take place under the supervision of a LifeScape employee.

Checking this box indicates that you **DO NOT** give permission for photographs and/or recorded statements of your son/daughter to be used with newspaper, radio, television features and public service announcements on behalf of LifeScape.

Signature: _____

Date: _____

Disclosure Regarding Consumer Reports

LifeScape
2501 W. 26th Street, Sioux Falls, SD 57105
605-444-9500

LifeScape Will Obtain a Background Check

You acknowledge and understand that in connection with your volunteer application with LifeScape (including any independent contract for service) or when deciding whether to modify or continue your ongoing employment, if hired, we may obtain a "consumer report" and/or an "investigative consumer report" on you from Trak-1, a consumer reporting agency, or from any third party, in strict compliance with both state and federal law.

Consumer Report Defined

A consumer report is any communication of 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 for purposes of serving as a factor in establishing your current and/or continuing eligibility for employment purposes. A common term for a consumer report is a "background check report."

Investigative Consumer Report Defined

An investigative consumer report is obtained through personal interviews with individuals who may have knowledge of your character, general reputation, personal characteristics, or mode of living. An investigative consumer report might include, for example, calls to the personal references you provided or conversations with former supervisors or colleagues where you worked.

Reports May Contain

The consumer reports or investigative consumer reports may contain public record information which may be requested or made on you including, but not limited to: consumer credit, criminal records, civil cases in which you have been involved, driving history records, current motor vehicle insurance coverage information, education records, previous employment history, workers compensation claims history, social security traces, military records, professional licensure records, eviction records, drug testing, government records, and others.

You further understand that these reports may include experience information along with reasons for termination of past employment. You also acknowledge and understand that information from various federal, state, local and other agencies which contain information about your past activities will be requested, and that a consumer report containing injury and illness, drug testing, or other medical records and medical information may be obtained only after a tentative offer of employment has been made.

Your Rights as a Consumer

You are hereby notified that you have the right to make a timely request for a copy of the scope and nature of the above investigative background report and/or a complete copy of your consumer report contained in Trak-1's files on you at the time of your request by providing proper identification.

You are further notified that, prior to being denied a volunteer position based in whole or in part on information obtained in the consumer report, you will be provided a copy of the report, the name, address, and telephone number of the consumer reporting agency and a description in writing of your rights under the Fair Credit Reporting Act. Correspondence to Trak-1 should be forwarded to:

Trak-1 | Consumer Relations | 7131 Riverside Parkway | Tulsa, Oklahoma 74136

800-600-8999 | CustomerCare@trak-1.com

Authorization to Obtain Consumer Report

The following is information required in order for LifeScope to obtain a complete consumer report:

Full Legal Name: _____
(First Name, Full Middle Name, Last Name)

Street Address: _____

City: _____ State: _____ Zip: _____

Social Security Number: _____ Date of Birth: _____

Driver's License Number: _____ Issuing State: _____ Expiration Date: _____

Other or Former Names: (AKA, Maiden Names, Married Names, Surnames, etc.) _____

Your signature below indicates the following:

1. You authorize, without reservation, Trak-1 or any third party to obtain and/or furnish to LifeScope any records or information referenced in the provided disclosure statement for volunteer related purposes;
2. You authorize ongoing procurement of any records or information, reports at any time during your relationship with LifeScope to the extent allowed by law;
3. You authorize the use of a fax or photocopy of this authorization as having the same authority as the original;
4. You authorize and request, without reservation, any present or former employer, school, police department, financial institution, division of motor vehicles, consumer reporting agency, or other entity, person or agency having knowledge about you to furnish LifeScope and/or Trak-1 with any and all background information in their possession regarding you for these stated employment purposes;
5. You understand and agree that in connection with your volunteer application your consumer report information, whether investigative or otherwise, may be shared with and/or reviewed by all applicable parties involved in the hiring process;
6. You have read and fully understand the foregoing disclosure and this authorization;
7. You certify that all the information you have provided on this form is true, complete, correct and accurate; and
8. You certify you have received, reviewed and understand the "Summary of Your Rights under the Fair Credit Reporting Act (15 U.S.C. § et seq.)*" which is published by the Federal Trade Commission to help you know your rights.

Customer Signature: _____ Date: _____

* This information will be used for background screening purposes only.

Check this box if you are a Minnesota, Oklahoma, or California applicant, and you would like to receive a copy of your consumer report, if one is obtained. For California applicants only: a copy of your report will be sent to you by the above-referenced employer within three business days beginning on the date of receipt by the employer. For Minnesota applicants only: the consumer reporting agency shall furnish a copy of your consumer report within twenty-four hours of providing it to the above-referenced employer. For Oklahoma applicants only: the consumer reporting agency shall furnish a copy of your consumer report.

California Applicants: Pursuant to § 1786.22 of the California Civil Code, you may view the file maintained on you by Trak-1 during normal business hours. You may also obtain a copy of this file, either in person or by mail, by submitting proper identification and paying the costs of duplication services. You may also receive a summary of the file by telephone upon production of adequate identification. Trak-1 is required to have trained personnel available to explain your file to you and any coded information contained therein. You may appear in person, alone, or with another person of your choice, provided that this additional person furnishes proper identification.

California Civil Code section 1786.16(2) requires a separate disclosure and authorization to be signed by an applicant or current employee each time a background check is performed for employment purposes. This requirement does not apply in situations where the employer has a suspicion of wrongdoing or misconduct by a current employee.

Main applicants: Pursuant to Maine state law, § 1317(2), Trak-1 is required to reinvestigate any consumer dispute made by a consumer residing in the state of Maine within 21 calendar days of notification of the dispute by the consumer.