



Volunteer Application

Name: _____
First Middle Last

Address: _____
Street City State Zip Code

Birthday (required for background check) Month: _____ Day: _____ Year: _____

Social Security Number (required for background check): _____

Phone: _____

Email Address: _____

Emergency Contact: _____ Relationship: _____

Phone: _____

Current Employer: _____ Work Phone: _____

Volunteer assignments require lifting and holding children. Do you have the ability to lift up to 40 lbs? Yes/No

Volunteer assignments require sitting on the floor. Do you have the ability to lower yourself to the floor, sit on floor and raise yourself back up? Yes/No

Do you speak languages other than English? _____

Do you need any special accommodations to fulfill your volunteering assignment? _____

For United Way (For reporting purposes only):

Date of Birth: _____

Gender: M ___ F ___

Have you Served in the Armed Forces: _____

Ethnic Origin: African American (non-Hispanic) ___ Asian ___ White (non-Hispanic) ___ Hispanic ___

American Indian or Alaska Native ___ Native Hawaiian or Pacific Islander ___

Other (please list all) _____

Please note, answering "yes" to any of the following questions does not automatically exclude a candidate from volunteering.

Have you ever been convicted of, plead guilty or no contest to a felony, misdemeanor or local ordinance violation? Yes____ No____ If yes, please explain:
in: _____

Are you subject to any pending charges? Yes____ No____
If yes, please explain: _____

All information contained in this application is true and correct to the best of my knowledge and belief. I understand that misrepresentations or omissions of any kind may result in denial of a volunteer placement.

Signed by Applicant _____ Date _____

If under 18 years old:

This portion must be completed by a parent or legal guardian for individuals under the age of 18.

_____ (print name of volunteer) is applying to volunteer at Penfield Children's Center. The volunteer process includes a criminal background check through HireRight, Inc. As the parent or legal guardian of the above-referenced minor, I understand pre-volunteer checks are to safeguard the children in Penfield Children's Center and hereby provide my consent for the background check.

Signature of Parent or Legal Guardian: _____

Print Name: _____ Date: _____

Signature of Minor Applying to Volunteer _____ Date _____



Media Consent

Penfield Children's Center (the "Center") from time to time authorizes others to take photographs, film a video or present a radio broadcast featuring the children enrolled at the Center, along with staff and volunteers. These images may be incorporated into promotional material such as brochures, newsletters, posters and solicitation pieces or posted on our website and social media sites. This material may also be used by the news media or radio stations to inform the community about the Center's programs.

If you have any questions concerning the use of this promotional material or any other information contained in this explanation, please ask BEFORE you sign the form.

Thank you for your cooperation, understanding and support.

Name of Volunteer

Date

YES, promotional material taken of me can be used in the manner stated above.

NO, promotional material taken of me may NOT be used in the manner stated above.

I understand I must notify Penfield if I want to change my media / no media consent.

Signature

Penfield Children's Center Confidentiality Statement

As a volunteer of Penfield Children's Center, I understand that I may have access to confidential patient information which is protected by Wisconsin law and by the Health Insurance Portability and Accountability Act (HIPAA), as described in the Penfield Volunteer Handbook.

I understand that unauthorized access or unauthorized disclosure of confidential health care information regarding any Penfield Children's Center client or taking photography may be grounds for immediate termination as a volunteer, and may subject me to penalties under Wisconsin and/or Federal law.

Volunteer's Name (please print)

Volunteer's Signature

Date

Witness' Signature

Title

Date



Disclosure Authorization Form

Penfield Children's Center may request background information about you from a consumer reporting agency in connection with your volunteer application.

HireRight, Inc., or another consumer reporting agency, will obtain some of the reports for Penfield Children's Center. HireRight, Inc. is located at 5151 California Avenue, Irvine, CA 92617, and can be contacted at 800-490-7983.

The types of information that may be obtained include, but are not limited to: social security number verifications, criminal records checks, public court records checks, driving records checks, educational records checks, employment verifications, personal and professional references checks, licensing and certification records checks, drug testing results, etc. The information contained in the reports will be obtained from private and public record sources, including, as appropriate, personal interviews with sources, such as neighbors, friends and associates.

You may request more information about the nature and scope of any background checks for volunteers by contacting: Sherita Greer, Special Events and Volunteer Specialist, Penfield Children's Center, 833 N 26th Street, Milwaukee, WI 53233, 414-345-6376.

Authorization

I have carefully read and understand this Disclosure Authorization form. By my signature below, I consent to the release of background checks, including some prepared by a consumer reporting agency, such as HireRight, Inc. to Penfield Children's Center and its designated representatives and agents. I understand that if I volunteer for Penfield Children's Center, my consent will apply, and Penfield Children's Center may obtain reports, throughout my tenure as a volunteer.

By my signature below, I authorize law enforcement agencies, learning institutions (including public and private schools and universities), information service bureaus, credit bureaus, record/data repositories, courts (federal, state and local), motor vehicle records agencies, my past or present employers, the military, and other individuals and sources to furnish any and all information on me that is requested by the consumer reporting agency.

First name: _____ Middle initial: _____ Last name: _____

Applicant signature: _____ Date: _____

Please note: This information will be used only for background screening purposes and will not be taken into consideration in any employment decisions.

