



4. Do you have a reliable means of transportation? \_\_\_ Yes \_\_\_ No

5. Do you have other skills that you would like to share?

---

6. (optional) Have you or anyone you know had a personal experience with domestic violence, dating violence and/or sexual assault?

---

### References

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

---

Emergency Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone Number(s): \_\_\_\_\_

---

(For in-seat training)

Preferred snacks: \_\_\_\_\_

Preferred drinks: \_\_\_\_\_

Any allergies: \_\_\_\_\_

Favorite songs: \_\_\_\_\_

### **Fee:**

**\$40 fee for volunteers (background check, administrative & material costs)**

**\$15 for True North Service Learning Student (30 hours or less)**

Payments can be sent in by mail or turned in on the 1st day of training by check, cash or money order or online at [www.truenorthofcolumbia.org/volunteer](http://www.truenorthofcolumbia.org/volunteer)

### **Photography Consent Agreement**

At True North we like to celebrate the work and achievement of our volunteers. As a result, pictures of you may appear on our website, publications or social media unless you circle "do not grant permission" below:

I, \_\_\_\_\_ (print name) hereby (check one)  
\_\_\_\_\_ grant permission      or      \_\_\_\_\_ do not grant permission

to True North of Columbia to take and use photographs, video and/or digital images of me for use in printed publications or materials, electronic publications, website or social media.

**Signed:** \_\_\_\_\_ **Date:** \_\_\_\_\_

### **Volunteer Agreement**

As an individual who will be volunteering at True North, the following is a statement concerning the required training and confidentiality of information contained in and about this organization that you might learn during your volunteer time. We require that all information you might learn be treated confidentially.

Each volunteer must complete **48 hours** of training prior to working with participants of any True North program. Hours may be earned by completing formal group training sessions (in-person), online sessions, homework, shadowing/observation and on the job training.

The location of True North and the identity of any participants in our programs are confidential and may not be shared with anyone outside the True North program. A breach of confidentiality is against the law and a serious violation of trust and ethical responsibility. It may jeopardize the safety of residents, non-resident participants, staff and volunteers, and thus may be a cause for immediate termination of your status as a volunteer with any True North program.

I understand that my acceptance as a volunteer with True North is subject to a favorable, routine inquiry of local law enforcement records. I authorize True North to complete a Criminal Background Check. I do attest that the information that I have supplied is true to the best of my knowledge. I understand that the provision of false information is grounds for my immediate dismissal from True North's volunteer services.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Printed Name:** \_\_\_\_\_

### **Applications and/or Fees can be mailed to:**

Volunteer Coordinator  
True North of Columbia  
PO Box 1367  
Columbia, MO 65205  
OR e-mailed to [BrianG@truenorthofcolumbia.org](mailto:BrianG@truenorthofcolumbia.org)

# Applicant Authorization for Background Check



Full Name: \_\_\_\_\_

Maiden Name: \_\_\_\_\_

Alias: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Date of birth MM/DD/YYYY: \_\_\_\_/\_\_\_\_/\_\_\_\_

State of Birth: \_\_\_\_\_

Driver License Number: \_\_\_\_\_

State of Driver License: \_\_\_\_\_

Gender: \_\_\_\_\_ Race: \_\_\_\_\_

Ethnicity: \_\_\_\_\_

## Address - current:

Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zipcode: \_\_\_\_\_

## Addresses - recent (last 5 years):

Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zipcode: \_\_\_\_\_

Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zipcode: \_\_\_\_\_

Have you ever been found guilty or been convicted of any criminal act(s) in this state or any other state?

Yes: \_\_\_\_ (If Yes, complete section below.) No: \_\_\_\_

Date: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ County: \_\_\_\_\_

Date: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ County: \_\_\_\_\_

Have you ever been substantiated in any child abuse and neglect report made to the Children's Division in this state or any other state? Yes: \_\_\_\_ (If Yes, complete section below.) No: \_\_\_\_

Date: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ County: \_\_\_\_\_

Date: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ County: \_\_\_\_\_

The information provided is complete and accurate to the best of my knowledge. I understand it is unlawful to withhold or falsify information required on this form. I grant permission to True North to obtain any information needed to process my request and to use the information as permitted by law.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_