



VOLUNTEER APPLICATION

Name: _____

Preferred Pronouns (ex. She/he/they): _____

Current Address: _____

Phone: _____ Do You Receive Text Messages? Yes No

Email Address: _____

Are you Employed? Yes No Retired Employer/Occupation: _____

Are you a Student? Yes No If Yes: School _____

Major: _____ Current Year/Grad Year: _____

Volunteer position(s) that you are interested in:

- Children's Program Hotline Advocate Shelter Advocate
 Hospital Advocate Outreach Advocate Front Desk/Reception
 Special Projects Data Entry/Clerical TRIAGE/MedZou
(for Med Students only)
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1. How did you learn about the volunteer program at True North?

2. Why do you want to volunteer at True North?

3. Do you speak languages other than English? If so, please list.

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): _____

Preferred snacks: _____

Preferred drinks: _____

Any allergies: _____

T-shirt size: _____

Fee:

\$50 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

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 MaggieF@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: _____