



**Interfaith  
Community Services  
Volunteer  
Application**

|                     |       |
|---------------------|-------|
| For Office Use Only |       |
| 1st Choice:         | _____ |
| 2nd Choice:         | _____ |
| 3rd Choice:         | _____ |
| Date:               | _____ |

Thanks for your interest in becoming a volunteer with ICS. Please complete and bring with you to the upcoming orientation. For current dates and locations please go online to [www.icstucson.org/volunteer-training](http://www.icstucson.org/volunteer-training) or check with the ICS main office. This application covers five areas: Getting to know you; motor vehicle/drivers license information; requests for references; authorization to request a criminal background report on your name; a confidentiality agreement between ICS and you; and finally...lots of volunteer opportunities for you to choose from after you have attended orientation! We welcome your interest in volunteering with ICS!

**Part 1: Getting to Know You**

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ MI \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Nickname \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Preferred Contact Phone #: \_\_\_\_\_ 2nd Phone Number if Available \_\_\_\_\_

Email Address \_\_\_\_\_

Single  Married  Divorced  Widowed

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

Phone Number \_\_\_\_\_

What months of the year do you reside in Tucson? (example Oct - May) \_\_\_\_\_

Secondary Address: \_\_\_\_\_

How did you hear about us?

- |   |   |  |   |
|---|---|--|---|
| <input type="checkbox"/> Az Daily Star                        | <input type="checkbox"/> Friend                               | <input type="checkbox"/> Radio               | <input type="checkbox"/> Television                   |
| <input type="checkbox"/> ICS Volunteer                        | <input type="checkbox"/> The N.W. Explorer                    | <input type="checkbox"/> Event Participation | <input type="checkbox"/> Your Congregation Newsletter |
| <input type="checkbox"/> Volunteer Center of Southern Arizona | <input type="checkbox"/> VolunteerMatch.com                   | <input type="checkbox"/> Family Member       | <input type="checkbox"/> Another Non-Profit Agency    |
| <input type="checkbox"/> Internet Search                      | <input type="checkbox"/> Presentation at your faith community |  |   |

Is anyone else in your household an ICS volunteer? Yes  No

If yes, relationship and name: \_\_\_\_\_

Do you participate in a faith community? If so, which one?  
(This is helpful in our faith outreach activities!) \_\_\_\_\_

Occupation (past or present) \_\_\_\_\_

Tell us of any other organizations you volunteer with. \_\_\_\_\_

What are your hobbies or special skills? \_\_\_\_\_

Are you fluent in any foreign languages, including sign language? \_\_\_\_\_

Do you have allergies we need to know about? Cats Dogs Smoke Chemical Sensitivity Perfume  
 Other \_\_\_\_\_

Do you smoke? Yes  No

Do you own any pets?  Cats  Dogs  Other

Race and Ethnicity (will only be used in our grant applications and reporting – if possible, please answer both categories.)

► **Race:**

- American Indian and Alaskan Native
- Asian
- Black or African American
- Native Hawaiian and Other Pacific Islander
- Some other race
- Two or more races
- White

► **Ethnicity:**

- Hispanic, Latino or Spanish
- Not Hispanic, Latino or Spanish
- Prefer Not to Answer

**Part 2: Motor Vehicle/Drivers License Information**

Have you ever been convicted of a crime (other than traffic violations?) Yes  No

If yes, please explain (a conviction will not necessarily be cause for disqualification):  
\_\_\_\_\_

Has your driver's license been revoked within the last 3 years? Yes  No

If yes, please explain: \_\_\_\_\_

Have you had any moving violations or accidents within the last 3 years? Yes  No

If yes, please explain: \_\_\_\_\_

Have you had a DUI/DWI within the last five years? Yes  No

If yes, please explain/provide date: \_\_\_\_\_



**Please note that all volunteers who drive on our behalf must maintain a valid driver's license and state required automobile insurance coverage. ICS is required to maintain a copy of a volunteer's current valid driver's license and current insurance coverage cards in his/her file to satisfy audit requirements. This will require you to provide us with a current copy of your insurance coverage cards (usually every six months or at 1 year intervals).**

**Part 3: Reference Checks**

Please list two references that are not relatives. Email addresses used for reference checks will not be added to our database. They will only be used to check references.

1. Name \_\_\_\_\_ Relationship \_\_\_\_\_ How long have known? \_\_\_\_\_

Daytime Phone \_\_\_\_\_ Email Address \_\_\_\_\_

2. Name \_\_\_\_\_ Relationship \_\_\_\_\_ How long have known? \_\_\_\_\_

Daytime Phone \_\_\_\_\_ Email Address \_\_\_\_\_

Ref's checked & date \_\_\_\_\_ (completed by Volunteer Resources office)

## Part 2: Confidentiality Agreement/Code of Conduct

Code



### Interfaith Community Services

#### of Conduct for Staff, Board and Committee Members, and Volunteers

The ICS mission is to live our diverse faiths by helping seniors, disabled individuals, and people in financial crisis in Pima County achieve stable and independent lives through support from volunteers, faith communities and the community-at-large.

The ICS staff, volunteers, board and committee members endeavor to create an environment of compassion and professionalism. The following are ICS's guiding principles:

- **Professionalism:** To treat others with respect, dignity, fairness, courtesy, and to encourage honest, constructive and professional communication.
- **Honesty:** To be truthful and treat everyone fairly.
- **Skill Development:** To continually explore ways to improve our skills and abilities.
- **Diversity:** To appreciate and embrace diversity in our organization, respecting differences in culture, religion, gender and race. As a non-sectarian organization, we are concerned with the well-being of all religious and non-religious individuals.
- **Non-Discrimination:** To maintain an environment that is free from discrimination or harassment.
- **Confidentiality:** To maintain and respect protected health and personal information given to us by our clients and others with whom we do business. We disclose confidential information or personal data only when necessary and after appropriate approval has been obtained, and/or we are compelled to do so by legal, regulatory or professional requirements.
- **Conflict of Interest:** To disclose potential personal conflicts of interest and refrain from accepting or soliciting, directly or indirectly for personal use, anything of economic value such as gifts, gratuities, favors, entertainment, loans or bequests.
- **Stewardship:** To use good judgment in the use of the organization's financial and other assets and to consult with leadership when in doubt.
- **Compliance:** To comply with applicable Federal and State laws and organizational policies and procedures.

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

### Part 3: Volunteer Opportunities



Please choose from the volunteer opportunities below. More information will be provided at the Orientation.

| <b>Caregiving Services</b>                           |  |   |   |
|--|--|---|---|
| <b>Transportation</b>                                | Medical appts/ errands<br>Shopping for or with Van Driver<br>Van Driver's helper<br>Scheduler  | <b>Registration &amp; Health Advocacy</b> | Advocate for recipients related to health issues<br>Office Help                       |
| <b>Home Sweet Home</b>                               | Friendly Visiting<br>Business Helpers<br>Companion Sitting<br>Yard work<br>Home Repairs<br>Friendly phoning  | <b>Mobile Meals</b>                       | Route Drivers<br>Substitute Drivers<br>Office Help (need computer skills)             |
| <b>Care Partners</b>                                 | A community collaboration between hospitals, ICS and Faith Community volunteers, who provide short-term non-medical services to patients who have been recently discharged from the hospital.<br><br>Care Partners provide:<br>Transportation to medical appointments & shopping,<br>Help with following with the discharge plan,<br>Support |   |   |
| <b>Health &amp; Mental Health Education Outreach</b> | Presenters for Mental Health<br>Safe Space<br>Congregational Health<br>Connectors  | <b>Faith Community Awareness</b>          | Represent ICS at your own congregation's mission fairs and other awareness events     |
| <b>Other Services &amp; Opportunities</b>            |  |   |   |
| <b>Food Bank</b>                                     | Client intake<br>Morning drivers w/ heavy lifting<br>Packers/lifters at Main office<br>Traffic Control during holidays<br>Food Drive organizers  | <b>Resource Room</b>                      | Assist with:<br>• Employment Education<br>• Financial Education<br>• Computer Classes |
| <b>Main Office</b>                                   | Answering the Phone<br>Greeting clients and visitors   | <b>Eastside Office</b>                    | Greet at the Front Desk & Resource Room<br>Packers/lifters at Food Bank               |
| <b>Event Assistance</b>                              | Golf Classic, Edward Jones Bag-a-thon, Empty Bowls or other fund-raising events<br>Desserts/Cookies for special events   |   |   |

From the above list, please indicate your top three choices: \_\_\_\_\_

Possible future volunteer positions I am also interested in: \_\_\_\_\_

I am interested in utilizing these special skills/training that I have: \_\_\_\_\_

## Does future committee work interest you?

ICS has a number of committees made up of members that share their experiences and resources to make us an even better organization. We are always looking for potential committee members with expertise in strategic planning, finance and organizational leadership **that have volunteered with us in some capacity so they can get to know our organization.** If you would be interested in serving on any of our committees at a later date, please indicate that by circling your choice and letting us know. We also encourage you to follow up with us when you have served in another capacity and feel comfortable knowing more about ICS. Please be aware that we will require a resume that shows present/past work history and volunteer experience. ***The "We Care" Golf Tournament Committee may not require previous ICS experience – let us know if you are interested!***

- **Development Committee:** Helps us with ideas about fundraising activities, marketing, and public awareness of ICS. Meets monthly.
- **"We Care" Golf Tournament Committee:** Helps us plan and carry out a yearly golf tournament, one of the biggest in Tucson! Meets monthly but more often as it grows closer to the golf tournament event. Participation on this committee may not require previous ICS experience – let us know if you are interested!
- **Program Committee:** Helps us plan and evaluate our senior citizen, disabled, and financial assistance programs and recommends short-term and long-term goals. Meets six times a year.
- **Faith Community Committee:** Helps guide us in our outreach program to congregations. Meets six times a year
- **Volunteer Resources Committee:** Gives input to our management of volunteers which includes reviewing policies/procedures, orientation, training, volunteer appreciation, etc. Meets 1 to 4 times/year.

Please circle:

Development Committee

"We Care" Golf Tournament Committee

Program Committee

Faith Community Committee

Volunteer Resources Committee.

We recommend committee work after you have served in another capacity so you are familiar with our services to our recipients.

**To complete the application process, you must fill out the following Criminal Background Disclosure and Authorization information and return with this application.**

**Once you turn in your application, the process may take 7 to 10+ business days to complete.**

**You will be emailed with a welcome letter once you are assigned to a volunteer position.**

***Thank you for your interest in ICS! We look forward to our partnership in service.***

Part 4: Criminal Background and Disclosure and Authorization



Interfaith  
Community  
Services

|                     |       |
|---------------------|-------|
| For Office Use Only |       |
| Submission date:    | _____ |
| Completion date:    | _____ |

**Criminal Background Disclosure and Authorization, Part 1 of 2**

In order to protect our recipients, Interfaith Community Services conducts background checks on all employees, committee members and volunteer applicants. This investigative consumer report may consist of contacting your listed personal references and may also include, but not be limited to, credit information reports (employees only), social security number verification, criminal history reports and driving records. Under the provisions of the Fair Credit Reporting Act (15 USC at 1681-1681u as amended), before we can order such reports from our bonded and confidential vendor, we must have your written permission to obtain the information. You have the right, upon request, to a complete and accurate disclosure of the nature and scope of the investigation. Only the Volunteer Resources Manager and Finance Director has access to the web provider site and your secured records. Please note that we may request a yearly motor vehicle report on volunteers who drive or transport recipients on our behalf

I hereby authorize verification of all information in my volunteer application from all sources of employment, education, motor vehicle, financial history, criminal history, personal character, and workers compensation records in accordance with ADA, labor and wage records, etc., or any part thereof, and authorize any duly authorized agent of Intellicorp Records, Inc. to obtain, whether the said records are public or private, and including those which are deemed to be privileged or confidential in nature, and I release all persons from liability on account of such disclosures. Information appearing on this Consent and Authorization will be used exclusively by Intellicorp Records, Inc., for identification purposes and for the release of information which will be considered in determining suitability for volunteering. I certify that I have made true, correct, and complete answers and statements on my volunteer application, any supplements to it and in any interview in the knowledge that they will be relied upon in considering my application for volunteer service. I agree to provide additional information that may be requested to process my volunteer application. I authorize without reservation, any party or agency contacted by Intellicorp Records, Inc., to furnish the above-mentioned information. This authorization is valid during the course of my volunteer service to the extent provided by law.

I have the right to make a request to Intellicorp Records, Inc., upon proper identification, to request the nature and substance of all information in its files on me at the time of my request, including sources of information, and the recipients of any reports on me which Intellicorp Records, Inc., has previously furnished within the two year period preceding my request.

I understand and agree that any omission, false statement or answer made by me on my application or any supplements to it and in any interviews will be sufficient grounds for rejection and termination of my volunteer service.

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

Dates background ordered and checked: \_\_\_\_\_  
To be completed by Volunteer Resources Manager

**Criminal Background Authorization of Personal Data, Part 2 of 2**

\_\_\_\_\_

Last Name

\_\_\_\_\_

First Name

\_\_\_\_\_

Middle Name

\_\_\_\_\_

Current Address

\_\_\_\_\_

City, State, Zip Code

\_\_\_\_\_

Dates Lived Here

\_\_\_\_\_

Addresses for the Past Seven Years: (include street, city, state, zip code)

\_\_\_\_\_

Dates of Residence:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Date of Birth

\_\_\_\_\_

Other Names Used (including maiden name)

\_\_\_\_\_

Years Used

\_\_\_\_\_

Social Security Number

\_\_\_\_\_

Driver's License #

\_\_\_\_\_

Expiration date

\_\_\_\_\_

Issuing State\*

\_\_\_\_\_

Email address (used for ICS correspondence)

I have the right to make a request to **IntelliCorp Records, Inc**, upon proper identification, to request the nature and substance of all information in its files on me at the time of my request, including sources of information, and the recipients of any reports on me which **IntelliCorp Records, Inc** has previously furnished within the two year period preceding my request.

I certify that all of the elements of the person data I have provided are true, accurate and complete. I understand and agree that any omission, false statement, misleading statement, or answer made by me on my application or any supplements to it and in any interviews will be sufficient grounds for rejection of volunteer service/employment and for my discharge after volunteer service/employment.

\_\_\_\_\_

Printed Name

\_\_\_\_\_

Applicant Signature

\_\_\_\_\_

Date

\*Please note: If your issuing state is **Washington** or **California**, there are additional requirements you will need to do to complete this process.  
See Volunteer Resources Manager.

**NOTE: This page is shredded after the information is used for the Background Check.**

