

WINDSOR SENIOR SERVICES VOLUNTEER APPLICATION



PLEASE CHECK WHICH VOLUNTEER PROGRAM(S) YOU ARE INTERESTED IN:

- Sr. Services Office Asst.
- Medical Transport Driver
- Events; Set Up, Break Down;

- Breakfasts/Dinners
- Wellness Calls
- As Needed

Name: Mrs., Ms., Mr.: _____
(CIRCLE ONE) (LAST) FIRST (MI)

Date of Birth ____/____/____ Age: ____ How long have you lived in town? ____
(MM) (DD) (YYYY)

Previous Address if less than 2 years in town: _____

Current Address: _____ Home Phone: _____ Cell Phone: _____

EMERGENCY CONTACT:

(Name)	(Address)	(Phone #)	(Cell #)
(Relationship)			

ADDITIONAL INFORMATION

Volunteer experience (Past, Present) _____ Computer Skills: Beg. ____ Int. ____ Adv. ____

Days (M-F) and times (am/pm) you are available to volunteer: _____

How did you hear about the program? _____

Do you have any special interests or hobbies you wish to share with our senior patrons? _____

DRIVER INFORMATION

If you are willing to provide rides, are you willing to drive anywhere in the Greater Hartford area?
 Yes ___ No ___ If not, where are you *willing* to drive? _____

Do you own an automobile? Yes ___ No ___ Year: _____ Make: _____ Model: _____ License Plate#: _____

Do you carry auto insurance? Yes ___ No ___ Insurance Co.: _____ Policy #: _____

In order to carry out my responsibilities. I realize that there is liability coverage provided by the Town of Windsor to cover me acting at the direction of and within the scope of my duties for Windsor. However, I understand that I am not covered under the Town's Workers' Compensation or medical coverage for injuries that I sustain while performing volunteer activities.

**Disclosure Regarding a Volunteer Background Report for the
Town of Windsor**

The Town of Windsor may obtain from *American Screening, LLC PO Box 1444 Hebron CT 06248, 888-251-4044 www.americanscreening.com* a consumer report and/or an investigative consumer report ("REPORT") that contains background information about you in connection with your Volunteer application. If you are selected, to the extent permitted by law, the Town of Windsor may obtain from American Screening further reports throughout your Volunteer Post without providing further disclosure or obtaining additional consent.

The REPORT may contain information about your character, general reputation, personal characteristics and mode of living. The REPORT may include, but is not limited to, criminal and other public records and history; public court records (e.g., bankruptcies, tax liens and judgments); motor vehicle and driving records; and Social Security verification and address history, subject to any limitations imposed by applicable federal and state law. This information may be obtained from public record and private sources, including government agencies and judicial records and other sources. If I am not selected based on my background check from American Screening, LLC I will receive a copy of my report and a copy of A Summary of Your Rights according to the FCRA. If I find any errors on my report, I may contact American Screening, LLC who will research the request and respond within 48 hours with the results of the new research.

Signature

Print name

Date

Authorization to Obtain a Volunteer Background Report

I have read the Disclosure Regarding Volunteer Background Report provided by the Town of Windsor and this Authorization to Obtain a Volunteer Background Report. By my signature below, I hereby consent to the preparation by American Screening, LLC, a consumer reporting agency address: PO Box 1444 Hebron, CT 06248 can be reached at 888-251-4044 www.americanscreening.com of background reports regarding me and the release of such reports to the Town of Windsor and its designated representatives, to assist the Town of Windsor making a decision involving me at any time after receipt of this authorization and throughout my employment, to the extent permitted by law. To this end, I hereby authorize, without reservation, any state or federal law enforcement agency or court, motor vehicle record agency, or other information service bureau or data repository to furnish any and all information regarding me to American Screening, LLC and/or the Town of Windsor itself, and authorize American Screening, LLC to provide such information. I agree that a facsimile ("fax"), electronic or photographic copy of this Authorization shall be as valid as the original.

I acknowledge receipt of a copy of the Consumer Financial Protection Bureau's "A SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT," INFORMATION FOR PROCESSING OF BACKGROUND SCREEN REPORTS ONLY (To be used for no other purposes).

Full Name _____
First Name Middle Name Last Name

Date of Birth: ____/____/____ Social Security #: ____ - ____ - ____

Driver's License Number: _____ State License issued: _____

Current Residence Address: _____
(Number and Street)

City _____ State _____ Zip _____

List all Residence Addresses in Past Seven Years (attach additional sheets if necessary)

If a graduate, what was your name at the time of degree receipt? _____

Please list any alternate names you have used in the last 7 years:

First Name Middle Name Last Name

First Name Middle Name Last Name

First Name Middle Name Last Name

Signature: _____

Print name: _____

Date: _____

Email: _____

State Law Notices Relating to Your Background Report

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placed on a consumer's credit file. Upon seeing a fraud alert display on a consumer's credit file, a business is required to take steps to verify the consumer's identity before extending new credit. If you are a victim of identity theft, you are entitled to an extended fraud alert, which is a fraud alert lasting 7 years.

A security freeze does not apply to a person or entity, or its affiliates, or collection agencies acting on behalf of the person or entity, with which you have an existing account that requests information in your credit report for the purposes of reviewing or collecting the account. Reviewing the account includes activities related to account maintenance, monitoring, credit line increases, and account upgrades and enhancements.

- **You may seek damages from violators.** If a consumer reporting agency, or, in some cases, a user of consumer reports or a furnisher of information to a consumer reporting agency violates the FCRA, you may be able to sue in state or federal court.
- **Identity theft victims and active duty military personnel have additional rights.** For more information, visit www.consumerfinance.gov/learnmore.

States may enforce the FCRA, and many states have their own consumer reporting laws. In some cases, you may have more rights under state law. For more information, contact your state or local consumer protection agency or your state Attorney General. For information about your federal rights, contact: