RED RIVER VALLEY COMMUNITY ACTION

1013 North 5th Street,
Grand Forks, North Dakota 58203

701-746-5431 Fax: 701-7467-0406
www.rrvca.com



Volunteer Application

Individuals interested in volunteering for Red River Valley Community Action (RRVCA) must complete all parts of this form before being considered for a position. Acceptance as a volunteer is contingent on the return of this form to the RRVCA office and the clearance of a background check.

The information in this application will be used solely to determine placement of you as a volunteer. No discrimination is implied. This information will be handled in a confidential manner.

I. General Information

Full Name: _____

Social Security Number: _____-____-_____ Date of Birth: _____

Mailing Address _____

City _____ State _____ Zip Code_____

Permanent Address if different from Above _____

City _____ State _____ Zip Code_____

Daytime Phone _____-_____-_____ Evening Phone _____-_____-_____

Cell Phone: _____-_____-_____ Other Phone _____-_____-_____

May we contact you at work? ☐ Yes ☐ No

List two people as references who are not related to you:

1. _____
Name *Phone*

2. _____
Name *Phone*

Emergency Contact

_____
Name *Phone*

II. Volunteer Interest

What types of programs are you most interested in volunteering for?

When are you available to volunteer?

I certify that all above information is true and correct. I authorize RRVCA to contact the North Dakota Department of Human Services to conduct a search of the Child Abuse Information Index and the Department of Human Services to release any information of the index to RRVCA. I also authorize a criminal background check and the release of that information to RRVCA.

_____

Signature ***Date***

Please return this application to: Red River Valley Community Action
1013 N 5th Street
Grand Forks, ND 58203

Release of Information

As a volunteer applicant for Red River Valley Community Action (RRVCA), I hereby authorize the Grand Forks Police Department to release information or to exchange information with Red River Valley Community Action 1013 North 5th Street, Grand Forks, ND 58203. I understand that such background investigation is being done solely for the purpose of protecting and hereby reducing the chance of any harm falling upon members of this community who may require the service and/or assistance of RRVCA. All information is to remain confidential as required by North Dakota and Federal Law.

I understand that all available police and criminal records on me will be checked and the information will be used to determine the eligibility of my application as a volunteer for RRVCA.

Please Note that a criminal record will not necessarily disqualify an applicant. A criminal record will be considered as it relates to specifics of the position.

PLEASE PRINT:

LAST: _____ FIRST: _____ MIDDLE: _____

SOCIAL SECURITY #: _____ ADDRESS: _____

CITY / STATE: _____ / _____ ZIP: _____ TELEPHONE: _____

How long at this address? _____

If less than 3 yrs in GF, ND list previous address: _____

DATE OF BIRTH: Month: _____ Day: _____ Year: _____

DRIVER'S LICENSE NUMBER: _____ STATE: _____ EXPIRATION: _____

** This Release of Information consent remains in effect for 12 months from the date it is signed by the volunteer or when the volunteer decides to terminate his or her involvement with RRVCA.

Volunteer Consent:
I certify that the above information is correct to the best of my knowledge. This authorization is voluntary and remains in effect until the above day or event, unless specifically revoked by written notice to the agency or person. Any information released prior to the written revocation of this authorization shall not be a breach of confidentiality. A photocopy of this release is as effective as the original.

_____

Volunteer Signature **Date**

Please Return Completed Form To: **Red River Valley Community Action**
Attn: Shannon Strating
1013 North 5th Street
Grand Forks, ND 58203

To be completed after being accepted as a volunteer for Red River Valley Community Action.

The following information is required to ensure that every volunteer meets the necessary stipulation of our transportation policies. Please provide the following information.

Auto Insurance

Name as it appears on your drivers license: _____

Drivers License Number _____ Date of Birth: _____

Do you have auto insurance? ☐ Yes ☐ No

Please attach a photocopy of applicants Drivers license and proof of auto insurance.

Confidentiality Agreement

Confidentiality is a very serious matter. We believe everyone has the right to privacy and that all volunteers are to respect that privacy.

I, the undersigned, do hereby acknowledge that in my work with Red River Valley Community Action I will have access to confidential information including, but not limited to, names, addresses and personal information.

I agree that I shall not disclose any such confidential information to any unauthorized person. I will not disclose a client's identity or identifying information and I will not discuss clients with anyone.

I acknowledge that a proven breach of confidence could be cause for termination of my volunteer responsibilities.

I have read and understand the above statement and I agree to adhere to the above policy.

_____

Name *Date*