



Date: _____

Volunteer Application

Part I. Contact

Name: _____		
Last	First	Middle Initial
Address: _____		
Street		

City	State	ZIP Code
(____) _____	(____) _____	
Home Phone	Cell	
Email Address: _____		
Emergency Contact Information: _____		

Part II. Volunteer Profile

Date of Birth: __/__/____ Male Female

Race/Ethnicity: _____

Employer _____ Occupation _____

(If retired please list your former company and occupation) _____

Do you have any special interests or are you involved in any other organizations or leadership roles?

How did you hear about LIFT? _____

What is your interest? (**Please circle all that apply**) Teach Mentor Study Hall/Computer Lab
Office Speaker Fund Raising Special Events Board of Directors

If your interest is teaching, what subject(s)? (**Please check all that apply**)

Adult Literacy GED Subject Preference _____

ESL (*English As A Second Language*) Location of Interest: _____



LITERACY INSTRUCTION FOR TEXAS

Part III. Availability

Please mark your availability below. Day classes usually meet 10:00AM – 12:00PM; evening classes meet 6:30PM -8:30PM. UTD ESL Location meets only – 3-7pm on Saturdays

	Monday	Tuesday	Wednesday	Thursday	Saturday
Day					<i>Mornings only</i>
Night					<i>UTD- 3-7pm</i>

LIFT is beginning a new time slot for classes. Are you available in the afternoon?

1-3pm check; YES NO OR 3-5pm check; YES NO

Part IV. Personal Interests

Why do you want to become a LIFT volunteer? _____

What experiences, knowledge and/or abilities do you have that will enable you to work effectively with adult learners? _____

AGREEMENT OF COMMITMENT

I certify that the statements and representations made in this volunteer application are true and correct, and have been given voluntarily. I understand and agree that LIFT will verify this information by completing a criminal background check. LIFT reserves the right to deny any application for any reason.

I understand that I am asked to give three-month commitment for adult literacy and an 11-week commitment for ESL as a LIFT volunteer unless noted otherwise.

(Please initial each statement below)

____ I understand that I am joining a learning community and agree to respect the confidentiality of members of the community and treat them with courtesy and respect.

____ I understand that LIFT possesses the right to dismiss me at any time during my tenure and I also understand that I possess the right to leave at any time.

____ If become unable to fulfill my responsibilities as a LIFT volunteer, I will provide the staff with **advance** notice so that adequate provisions can be made for a replacement.

Signed: _____

Date: _____



LITERACY INSTRUCTION FOR TEXAS



Background Verification Release Form

AGENCY INFORMATION

Date	Agency Name
Contact Name	
Agency's Main Phone Number	Agency's Fax Number

APPLICANT INFORMATION:

Applicant Full Name (Last, First, MI)		Maiden or Other Name(s) Used	
Current Address			
City	State	Zip Code	County
Social Security Number	Date of Birth	Driver's License Number	State Issued
Position Applied For			
Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Race <input type="checkbox"/> African American <input type="checkbox"/> American Indian <input type="checkbox"/> Anglo <input type="checkbox"/> Asian <input type="checkbox"/> Hispanic <input type="checkbox"/> Other		

I hereby authorize VERIFYI and or its Service Provider to request and receive any and all background information about or concerning me, including but not limited to my Criminal History, Social Security Number Trace including a consumer report under the Fair Credit Reporting Act, 15 U.S.C 1681, Driving Record, Employment History, Military Background, Civil Listings, Educational Background, Professional License from any Individual, Corporation, Partnership, Law Enforcement Agency, and other entities including my Present and Past Employers.

The criminal history, as received from the reporting agencies, may include arrest and conviction data as well as plea bargains and deferred adjudications and delinquent conduct as committed as a juvenile. I understand that this information will be used, in part, to determine my eligibility for an employment/volunteer position with this organization. I also understand that as long as I remain an employee or volunteer here, the criminal history check may be repeated at any time. I understand that I will have an opportunity to review the criminal history as received by client/agency and a procedure is available for clarification, if I dispute the record as received. I also understand that the criminal history could contain information presumed to be expunged.

I further release and discharge VERIFYI and their Service Provider and all of their Subsidiaries, Affiliates, Officers, Employees, Contract Personnel, or Associates, from any and all claims and liability arising out of any request for information or records pursuant to this authorization, procurement of an investigative consumer report and understand that it may contain information about my character, general reputation, personal characteristics, and mode of living, whichever are applicable.

I understand that I have the right to make written request within a reasonable period of time to VERIFYI for additional information concerning the nature and scope of the investigation. I acknowledge that I have voluntarily provided the above information for employment/volunteer purposes, and I have carefully read and understand this authorization.

Applicant's Signature

Date

Applicant's Printed Name

Parent/Guardian's Signature
(if under 18 years of age)