

**Volunteer Services**  
 1401 Foucher Street  
 New Orleans, LA 70115  
 (504) 897-8107



**VOLUNTEER APPLICATION**

Date of Application \_\_\_\_\_ Date of Birth \_\_\_\_\_  
 Name (First, Middle, Last Name) \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Work Phone \_\_\_\_\_ Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_  
 E-mail Address \_\_\_\_\_

**AVAILABILITY**

Date Available to Start: _____			Position of Choice: _____						
<input type="checkbox"/> Morning	<input type="checkbox"/> Afternoon	<input type="checkbox"/> Evening	<input type="checkbox"/> Weekdays: M	T	W	Th	F	<input type="checkbox"/> Weekends: S	S

**EDUCATION, SKILLS, BACKGROUND**

Highest Level of Education  High School  College  Graduate School Other: \_\_\_\_\_  
 School Now Attending \_\_\_\_\_  Freshman  Sophomore  Junior  Senior  
 Computer Skills  Yes  No Computer Applications \_\_\_\_\_  
 Foreign Language Fluency  Spanish  French Other: \_\_\_\_\_  
 Special Skills/Activities \_\_\_\_\_  
 Relevant Work/Volunteer Experience \_\_\_\_\_  
 Why do you want to volunteer at Touro? \_\_\_\_\_  
 Have you been convicted of a crime other than a minor traffic violation?  Yes  No  
 If yes, please explain: \_\_\_\_\_  
 How did you hear about this program? \_\_\_\_\_

**EMERGENCY CONTACT**

Name \_\_\_\_\_ Relationship \_\_\_\_\_  
 Address \_\_\_\_\_ Phone No. \_\_\_\_\_

**REFERENCES**

Name (Do not list relatives.)	Relationship	Phone No.	Email Address

*I hereby certify that the above information is true and complete to the best of my knowledge. I understand that any false or misleading statement can be grounds for denying me a volunteer placement or termination of my volunteer service.*

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**RELEASE AUTHORIZATION AND  
FAIR CREDIT REPORTING ACT DISCLOSURE  
[FOR EMPLOYMENT PURPOSES]**

The applicant for employment acknowledges that this company, Touro Infirmary, may now, or at any time while employed (including employment, volunteer, or independent contractor assignments, as applicable), verify information within the application, resume or contract for employment. In the event that information from the report is utilized in whole or in part in making an *adverse decision*, before making the adverse decision, we will provide to you a copy of the consumer report and a description in writing of your rights under the Fair Credit Reporting Act, 15 U.S.C. § 1681 et seq.

Please be advised that we may also obtain an *investigative consumer report* including information as to your character, general reputation, personal characteristics, and mode of living. This information may be obtained by contacting your present and previous employers or references supplied by you. Please be advised that you have the right to request, in writing, within a reasonable time, that we make a complete and accurate disclosure of the nature and scope of the investigation requested.

Certiphi Screening, Inc., a Vertical Screen® Company, Delaware Corporation, will obtain the report for Touro Infirmary. Vertical Screen is located at 251 Veterans Way, Warminster, PA 18974 and can be reached at 1-800-260-1680.

Additional information concerning the Fair Credit Reporting Act, 15 U.S.C. § 1681 et seq., is available at the Federal Trade Commission's web site (<http://www.ftc.gov>).

**By signing below, I hereby authorize all entities having information about me, including present and former employers, personal references, criminal justice agencies, departments of motor vehicles, schools, licensing agencies, and credit reporting agencies, to release such information to the company or any of its affiliates or carriers. I acknowledge and agree that this Release and Authorization shall remain valid and in effect during the term of my contract.**

**For Maine Applicants Only**

Upon request, you will be informed whether or not an investigative consumer report was requested, and if such a report was requested, the name and address of the consumer reporting agency furnishing the report. You may request and receive from us, within 5 business days of our receipt of your request, the name, address and telephone number of the nearest unit designated to handle inquiries for the consumer reporting agency issuing an investigative consumer report concerning you. You also have the right, under Maine law, to request and promptly receive from all such agencies copies of any reports.

**For New York Applicants Only**

You have the right, upon written request, to be informed of whether or not a consumer report was requested. If a consumer report is requested, you will be provided with the name and address of the consumer reporting agency furnishing the report.

**For Washington Applicants Only**

If we request an investigative consumer report, you have the right, upon written request made within a reasonable period of time, to receive from us a complete and accurate disclosure of the nature and scope of the investigation. You have the right to request from the consumer reporting agency a summary of your rights and remedies under state law.

**For California\*, Minnesota, and Oklahoma Applicants Only:** A consumer credit report will be obtained through Certiphi Screening, Inc., P.O. Box 541, Southampton, PA 18966.

If a consumer credit report is obtained, I understand that I am entitled to receive a copy. If an investigative consumer report and/or consumer report is processed, I understand that I am entitled to receive a copy. I have indicated below whether I would like a copy. \_\_\_\_\_

\*California Applicants: If you chose to receive a copy of the consumer report, it will be sent within three (3) days of the employer receiving a copy of the consumer report and you will receive a copy of the investigative consumer report within seven (7) days of the employer's receipt of the report (unless you elected not to get a copy of the report).

If we request an investigative consumer report, you have the right, upon written request made within a reasonable period of time, to receive from us a complete and accurate disclosure of the nature and scope of the investigation. You have the right to request from the consumer reporting agency a summary of your rights and remedies under state law.

Date: \_\_\_\_\_ Signature of Applicant: \_\_\_\_\_

Print Name: \_\_\_\_\_

