



Volunteer Application

Thank You for your interest in volunteering at Desert Rose Transitional Shelter for victims of domestic violence and sexual assault. Our volunteers play a very important role in our organization and we are very appreciative of your willingness to volunteer your time and skills to our organization.

Desert Rose Foundation, Inc. does allow children to volunteer at the Transitional Housing Facility as well as at Desert Rose sponsored events and fundraisers. Children under the age of 18 must have permission from their parent or guardian, Children under the age of 16 must be accompanied by their parent or guardian.

Please complete this application in order that we can identify your interests, your skills, and your intention in volunteering at Desert Rose.

Name: _____

Address: _____

Home Phone: _____ Cell Phone: _____

Date of Birth: _____ Email Address: _____

How did you hear about Desert Rose? _____

How many hours per week/month do you want to volunteer? _____

Please list the times you would be available to volunteer or mark which events you would like to volunteer at:

Day of the week	Times
Monday	
Tuesday	
Wednesday	
Thursday	
Friday	
Saturday	
Sunday	

- Flower Sale (Mother's Day)
- Fourth of July Event (July)
- Morgan County Fair (July/August)
- Fall Foliage (October)
- Sky Lantern / Candle Light Vigil (October)
- Annual Fundraiser Event (October/November)
- Christmas Organizing (December)

Why do you want to Volunteer at Desert Rose? _____





Ideally, what would you like to gain for yourself in volunteering with us? _____

How long can you commit to volunteering with Desert Rose? Explain : _____

Do you feel you have any physical limitations or health problems that might affect your work? If yes, Explain: _____

References: Please list the name and phone number of 3 references (non-family)

1. _____

2. _____

3. _____

We would love to know more about you. Please write anything about yourself, your life, your personality, your desire for yourself, etc. so that we have a better picture and understanding of you.

By signing below I verify that the information contained in this application is accurate and truthful.

Signature of Volunteer

Date

Revised 9/4/14





Criminal History Checks & National Child Protection Act Compliance Check **Release Form for Volunteering**

NOTICE TO VOLUNTEERS REGARDING BACKGROUND INVESTIGATION

I understand that a consumer report (background screening report) and/or an investigative consumer report (reference checks and/or interviews) that may include information from public or private sources regarding my character, driving records, criminal history, court records (both civil and criminal), qualifications and experience, work habits, and/or other information relevant to my volunteer service may be obtained in connection with my application as a volunteer with Desert Rose Foundation, Inc..

I understand that, if I am approved for volunteer service by Desert Rose Foundation, Inc., this background check authorization will be kept on file and may be used at any time during my service to procure further information when, in the judgment of Desert Rose Foundation, Inc., such may be necessary.

I hereby release and discharge to the extent permitted by law, Desert Rose Foundation, Inc., its employees, any individual or agency obtaining information for Desert Rose Foundation, Inc., and any personal or professional reference, from any and all claims, damages, losses, liabilities, costs, or other expenses arising from the retrieving, reporting and/or disclosure of information in connection with this background investigation.

I understand that I am volunteering my services and declare in no way shall I be considered an employee or subcontractor or independent contractor of Desert Rose Foundation, Inc.

By signing below, I, _____, have read, understand and consent to the above. I further authorize that a photographic copy or a telephonic facsimile of this document shall be valid for purposes present and future. My signature below certifies that all information I have provided in connection with this background check is true, accurate and complete to the best of my knowledge.

I understand that I have specific prescribed rights as a consumer under the Fair Credit Reporting Act and may have additional rights under relevant state laws. I hereby certify that I have read the Summary of Rights under the Fair Credit Reporting Act located at <http://www.ftc.gov/bcp/online/pubs/credit/fcrasummary.pdf>.

AUTHORIZATION

Print Name (last, first, middle)

Social Security Number

Date of Birth (MM/DD/YYYY)
(For ID Purposes Only)

Driver's License Number

Driver's License State

Any other names I have been known by: _____

Current Address: _____

Previous Addresses (Last 10 Years) _____

Signature

Date

Desert Rose Staff/Supervisor

Date

