



Your helping  
hand forward

Valley Assistance Services  
3950 S. Camino del Heroe  
Green Valley, AZ 85614  
Telephone: 520-625-5966 Fax: 520-625-1261  
[www.valleyassistanceservices.org](http://www.valleyassistanceservices.org)

## Tubac Regional Neighbors Helping Neighbors Volunteer Application

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ Zip: \_\_\_\_\_ DOB \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work/Cell: \_\_\_\_\_ Email: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Referred by/How did you hear about VAS/Tubac Regional Neighbors Helping Neighbors program? \_\_\_\_\_

**Please check which services you'd like to offer:**

\_\_\_\_ Friendly visitor

\_\_\_\_ Transportation: local (Nogales to Green Valley)

\_\_\_\_ Transportation: Tucson

\_\_\_\_ Outreach/events/fundraising

**Please check if you have any of the following:**

Visual/hearing limitation \_\_\_\_\_ Physical Limitation \_\_\_\_\_ Smoker \_\_\_\_\_

Pet Allergy \_\_\_\_\_ Smoke Allergy \_\_\_\_\_ Other Allergies \_\_\_\_\_

Other Limitations: \_\_\_\_\_

Previous/Current Occupation: \_\_\_\_\_

Previous Volunteer Experience: \_\_\_\_\_

Languages you speak: \_\_\_\_\_

**Times Available:**

		Mon	Tues	Wed	Thurs	Friday	
AM							
PM							

**Times of the year you are not available:** \_\_\_\_\_

**Interests, hobbies, special skills:** \_\_\_\_\_

**Characteristics to match with client/vol. opportunities:** \_\_\_\_\_

**If offering transportation, I drive:**

2 door \_\_\_\_\_ 4 door \_\_\_\_\_ Van/Minivan \_\_\_\_\_ High or low vehicle

**I give permission for the following personal references to be contacted:**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship: \_\_\_\_\_ Years Known: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship: \_\_\_\_\_ Years Known: \_\_\_\_\_

I agree that the Valley Assistance Services may use the following for publicity purposes. I understand that this publicity could include newspaper articles, television stories, a newsletter, flyers or brochures, a photograph, a live recording of my quotes from a letter by me, or quotes from an interview with me.

I acknowledge that in the course of providing volunteer services, I may have access to confidential information. I understand that this information should remain confidential, and that if I have concerns or questions about a recipient, I will contact my Program Coordinator.

Volunteer Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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Office use only summary: \_\_\_\_\_

Staff: \_\_\_\_\_ Date \_\_\_\_\_



**STATE LAW DISCLOSURES RELATED TO CONSUMER REPORTS**

**California applicants or employees only:** By signing below, you also acknowledge receipt of the NOTICE REGARDING BACKGROUND INVESTIGATION PURSUANT TO CALIFORNIA LAW. Please check this box if you would like to receive a copy of an investigative consumer report or consumer credit report at no charge if one is obtained by the Company whenever you have a right to receive such a copy under California law.

**Minnesota applicants or employees only:** By signing below you also acknowledge that you understand that you have the right to make a request in writing to the consumer reporting agency of the nature and scope of the report, if any, and the agency is obligated to respond to your request within five days of your request for further information or of your request for the report, whichever is later. Please check this box if you would like to receive a copy of a consumer report at no charge if one is obtained by the Company.

**Oklahoma applicants or employees only:** Please check this box if you would like to receive a copy of a consumer report at no charge if one is obtained by the Company.

**Vermont applicants or employees only:** Please check this box if you would like to receive a copy of a consumer report at no charge if one is obtained by the Company.

Last Name \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_

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

**NOTICE REGARDING BACKGROUND INVESTIGATION**  
**PURSUANT TO CALIFORNIA LAW**

(the “Company”) intends to obtain information about you for employment screening purposes from a consumer reporting agency. Thus, you can expect to be the subject of “investigative consumer reports” and “consumer credit reports” obtained for employment purposes. Such reports may include information about your character, general reputation, personal characteristics and mode of living. With respect to any investigative consumer report from an investigative consumer reporting agency (“ICRA”), the Company may investigate the information contained in your employment application and other background information about you, including but not limited to the following: obtaining a criminal record report and verifying references, work history, your social security number, your educational achievements, licensure and certifications, your driving record, and other information about you. The results of this report may be used as a factor in making employment decisions. The source of any investigative consumer report (as that term is defined under California law) will be Securitech, Inc., 8230 E. Broadway Blvd., Suite E-10, Tucson, AZ 85710 or (520) 721-0305 or (800) 805-4473. A copy of Securitech’s privacy policies is available online at [www.localscreening.com](http://www.localscreening.com). The Company agrees to provide you with a copy of an investigative consumer report when required to do so under California law.

Under California Civil Code § 1786.22, you are entitled to find out from an ICRA what is in the ICRA’s file on you with proper identification, as follows:

- In person, by visual inspection of your file during normal business hours and on reasonable notice. You also may request a copy of the information in person. The ICRA may not charge you more than the actual copying costs for providing you with a copy of your file.
- A summary of all information contained in the ICRA’s file on you that is required to be provided by the California Civil Code will be provided to you via telephone, if you have made a written request, with proper identification, for telephone disclosure, and the toll charge, if any, for the telephone call is prepaid by or charged directly to you.
- By requesting that a copy be sent to a specified addressee by certified mail. ICRAs complying with requests for certified mailings shall not be liable for disclosures to third parties caused by mishandling of mail after such mailings leave the ICRAs.

“Proper Identification” includes documents such as a valid driver’s license, social security account number, military identification card, and credit cards. Only if you cannot identify yourself with such information may the ICRA require additional information concerning your employment and personal or family history in order to verify your identity.

The ICRA will provide trained personnel to explain any information furnished to you and will provide a written explanation of any coded information contained in files maintained on you. This written explanation will be provided whenever a file is provided to you for visual inspection.

You may be accompanied by one other person of your choosing, who must furnish reasonable identification. An ICRA may require you to furnish a written statement granting permission to the ICRA to discuss your file in such person’s presence.