

1909 Central Parkway SW
Decatur, AL 35601
Phone 256.355.7843
Fax 256.355.7953
www.capna.org



Meals on Wheels & More Volunteer Application

Name: _____ DOB: _____

Address: _____

Home Phone: _____ Cell Phone: _____

Emergency Contact Name & Number: _____

Driver's License Number: _____ Email: _____

Do You Have Auto Insurance? Yes No Auto Insurance Company: _____

Have you ever been convicted of a felony: Yes No If Yes, please provide explanation:

Please list your volunteer experience (Organization, Position, & Length of Service):

References – Please list TWO personal/professional references:

1) Name: _____ Phone: _____ Relationship: _____

2) Name: _____ Phone: _____ Relationship: _____

Our Mission

Community Action Partnership of North Alabama is a results-driven, non-profit business committed to reducing or eliminating the causes and consequences of poverty for families and communities in need through comprehensive services and strategic partnerships.

PLEASE READ AND INITIAL THE FOLLOWING STATEMENTS:

I acknowledge that I have received a copy of the Meals on Wheels & More Handbook for Volunteers and Recipients which contains expectations for both volunteers and recipients. _____

I understand that I will be acting solely as a volunteer and will not receive any monetary compensation nor will I represent myself as an employee of Meals on Wheels & More. _____

I understand and agree that should I be injured, become ill, or otherwise require any form of medical treatment in the course of acting as a Meals on Wheels & More volunteer that I will waive any claim against Community Action Partnership of North Alabama. _____

I verify that I have automobile liability insurance with limits sufficient to satisfy the mandatory insurance laws of the State of Alabama. I am aware Community Action Partnership of North Alabama does not carry automobile liability insurance on volunteers and I agree to hold the agency harmless in the event of an accident while performing volunteer activities for the agency. _____

I also understand that during the course of my volunteer duties that I may learn certain information about the recipients and that this information is strictly confidential and I will not disclose it to any person or entity. _____

I hereby grant Community Action Partnership of North Alabama permission to use my photograph, video, quotes in any of its publications/social media. _____

I understand that a Criminal Background Check will be performed at no cost to me. I further understand that this is for the safety and protection of the Meals on Wheels & More recipients as well as my legal liability as a volunteer. _____

I certify that the information furnished is correct and understand that falsification of information may result in my being deemed ineligible to volunteer. By submitting this application, I consent and authorize Community Action Partnership of North Alabama to conduct a review of any information provided which will include a criminal background check.

Signature

*If completing and submitting electronically,
please use Fill and Sign to add signature.*

Date

APPLICANT DISCLOSURE STATEMENT

In connection with your application with **Community Action Partnership of North Alabama** and any subsidiary, you may have information requested about you from a consumer reporting agency for "employment purposes" as such term is used within The Fair Credit Reporting Act 15 U.S.C. § 1681. This information may be obtained in the form of consumer reports and/or investigative consumer reports.

These reports may contain information about your character, general reputation, personal characteristics and/or mode of living. The types of information that may be obtained include but are not limited to: social security number verifications; address history; criminal records checks; public court records checks; driving records checks; employment history verifications; and professional licensing/certification checks. This information may be obtained from private and/or public records sources, including, as appropriate, governmental agencies and courthouses; educational institutions; former employers; or other information sources.

[End of Disclosure Statement]

Signature: _____

Date: _____

**You may submit forms electronically
by clicking the "SUBMIT" button,
or download and submit forms to:**

EMAIL: info@capna.org

FAX: 256-355-7953

AUTHORIZATION OF BACKGROUND INVESTIGATION

I have carefully read, and understand, this Authorization form and further acknowledge receipt of the separate document entitled “**A Summary of Your Rights under the Fair Credit Reporting Act**” (available at <http://www.S2Verify.com/resources> or as a hard copy provided by Community Action Partnership of North Alabama) and the “**Applicant Disclosure Statement**” and certify that I have read and understand both documents. By my signature below, I consent to the release of consumer reports and/or investigative consumer reports (“Background Reports”) prepared by a consumer reporting agency, such as S2Verify, LLC., to Community Action Partnership of North Alabama and its designated representatives and agents for the purpose of determining my eligibility for employment, continuing employment, employment retention, promotion, reassignment, volunteering, as an independent contractor for services with Community Action Partnership of North Alabama, or other lawful purposes.

I understand that if Community Action Partnership of North Alabama engages in a relationship with me, my consent will apply, and Community Action Partnership of North Alabama may obtain Background Reports throughout my relationship with them, if such obtainment is permissible under applicable State law and Community Action Partnership of North Alabama policy. I also understand that information contained in my application, or otherwise disclosed by me may be used when ordering the Background Reports and that nothing herein shall be construed as an offer of employment or a guarantee of a relationship with Community Action Partnership of North Alabama.

I also understand if adverse action is taken from information obtained, in whole or in part, from a consumer report and/or investigative consumer report from a consumer reporting agency, I have the right to receive a copy of the report(s) from the consumer reporting agency. The consumer reporting agency which prepared the consumer report and/or investigative consumer report was S2Verify, LLC. S2Verify, LLC can be contacted at P.O. Box 2597, Roswell, GA 30077 or by phone at (770)649- 8282 or by email at customerservice@s2verify.com.

I hereby authorize law enforcement agencies, educational institutions (including public and private schools/universities), information service bureaus, consumer reporting agencies, record/data repositories, courts (federal, state, and local), motor vehicle records agencies, my past or present employers, the military, and other information sources to furnish any, and all, information on me that is requested by the consumer reporting agency.

California Applicants Only: I acknowledge receipt of a copy of California Civil Code 1786.22. Pursuant to Section 1786.22 of the California Civil Code, you may view the file maintained on you by S2Verify during normal business hours. You may also obtain a copy of this file, upon submitting proper identification by appearing at S2Verify's offices in person, during normal business hours and on reasonable notice, or by mail. You may also receive a summary of the file by telephone, upon submitting proper identification. S2Verify has trained personnel available to explain your file to you, including any coded information. By signing below, you acknowledge receipt of California Civil Code 1786.22, available at <http://www.s2verify.com/resources>

New York Applicants Only: I acknowledge receipt of a copy of Article 23-A of New York Correction Law.

By signing below, you acknowledge receipt of Article 23-A of the New York Correction Law, available at <http://www.s2verify.com/resources>

By my signature below, I certify the information I provided on, and in connection with, this form is true, accurate, and complete. I agree that this Authorization form in original, facsimile, photocopy, or electronic (including electronically signed) formats, will be valid for any reports that may be requested by, or on behalf of, Community Action Partnership of North Alabama.

First Name: _____ Middle Initial: _____

Last Name: _____

Address: _____

City: _____ State: _____ Zip: _____

County: _____

Social Security Number: _____

Date of Birth: _____

Driver's License (Or ID) Number: _____

State of Issue: _____

Expiration Date: _____

Phone Number: _____

Email Address: _____

Signature: _____

*(If completing electronically, please use
Fill and Sign to add your signature.)*

Date: _____

ADDITIONAL STATE LAW NOTICES

Minnesota and Oklahoma residents/applicants: You have the right to receive a copy of your background/investigative report by checking the box below.

Massachusetts and New Jersey residents/applicants: If we request an investigative background report, you have the right, upon written request, to a copy of the report.

Washington State residents/applicants: If Community Action Partnership of North Alabama requests an investigative background report, you have the right, upon written request made within a reasonable period of time after your receipt of this disclosure, to receive from Community Action Partnership of North Alabama a complete and accurate disclosure of the nature and scope of the investigation requested by Community Action Partnership of North Alabama. The Community Action Partnership of North Alabama will provide the disclosure of the nature and scope of the investigation either five days after receiving your request or after requesting the investigative consumer report, whichever is later.

New York residents/applicants: You have the right to request whether Community Action Partnership of North Alabama requested an investigative consumer report and, if so, the Community Action Partnership of North Alabama will give you the name and address of the report's provider if other than the consumer reporting agency identified above. You have the right to inspect and receive a copy of any investigative consumer report requested by Community Action Partnership of North Alabama by contacting the consumer reporting agency identified above (or another organization identified by Community Action Partnership of North Alabama as the provider of an investigative consumer report) directly.

Washington State residents/applicants: You also have the right to request from the consumer reporting agency a written summary of your rights and remedies under the Washington Fair Credit Reporting Act.

Los Angeles residents/applicants only: LA Notice to Applicants and Employees for Private Employers is available at <http://www.s2verify.com/resources>

San Francisco residents/applicants only: The San Francisco Fair Chance Ordinance is available at <http://www.s2verify.com/resources>

Minnesota or Oklahoma residents/applicants only:

You may receive a free copy of any consumer report or investigative consumer report obtained on you if you check the box below.

I wish to receive a free copy of the report.

SUMMARY OF YOUR RIGHTS UNDER CALIFORNIA CIVIL CODE §1786.22 (ENGLISH AND SPANISH)

This notice is intended to be in bold, 12pt type.

Community Action Partnership of North Alabama 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"), Community Action Partnership of North Alabama may investigate the information contained in your employment application and other background information about you, including but not limited to obtaining a criminal record report, verifying references, work history, your social security number, your educational achievements, licensure, and certifications, your driving record, and other information about you, and interviewing people who are knowledgeable 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:

**S2Verify, LLC
3600 Mansell Rd
Alpharetta, GA 30022
(770)649-8282
www.s2verify.com**

You have a right to visually inspect during normal business hours and upon a reasonable notice to the investigative consumer reporting agency ("ICRA"), your file(s) and all information contained in your file(s) as provided under the California Civil Code. The ICRA is required to accommodate this inspection, as follows:

- In person, if you furnish proper identification. A copy of the file will also be available to you for a fee not to exceed the actual costs of copying.**
- By certified mail, if you make a written request, with proper identification, for copies to be sent to a specified address. However, an ICRA complying with a request for such a mailing will not be liable for disclosures to third-parties caused by mishandling of the mail after it leaves its premises.**
- By telephone, if you have made a written request, with proper identification for telephone disclosure.**

"Proper identification" includes documents such as a valid driver's license, Social Security card/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 pursuant to §1786.10. The ICRA also will provide a written explanation of any coded information contained in your file. This written explanation will be distributed whenever a file is provided to you for visual inspection.

You may be accompanied by one other person of your choice when you come to inspect you file. This person must furnish reasonable identification. The ICRA may require you to furnish a written statement granting permission to the ICRA to discuss your file in your companion's presence.

California residents/applicants only:

You may receive a free copy of any consumer report or investigative consumer report obtained on you if you check the box below.

I wish to receive a free copy of the report.

UN RESUMEN DE SUS DERECHOS EN VIRTUD DE §1786.22 DEL CODIGO CIVIL DE CALIFORNIA

Este document debe estar resaltado y en tamaño de letra 12.

La EMPRESA tiene la intención de obtener información sobre usted para fines de selección de empleo de una agencia de informes del consumidor. Por lo tanto, puede esperar ser objeto de "informes de investigación del consumidor" e "informes de crédito del consumidor" obtenidos con fines de empleo. Dichos informes pueden incluir información sobre su carácter, reputación general, características personales y modo de vida. Con respecto a cualquier informe investigativo del consumidor de una agencia investigadora de informes del consumidor ("ICRA"), la Compañía puede investigar la información contenida en su solicitud de empleo y otra información de antecedentes sobre usted, incluyendo, entre otros, la obtención de un informe de antecedentes penales, verificando referencias, historial de trabajo, su número de seguro social, sus logros educativos, licencia y certificaciones, su registro de manejo y otra información sobre usted, y entrevistas a personas que tienen conocimiento de usted. Los resultados de este informe pueden usarse como un factor para tomar decisiones de empleo. La fuente de cualquier informe investigativo del consumidor (como ese término se define en la ley de California) será:

S2Verify, LLC
3600 Mansell Rd
Alpharetta, GA 30022
(770)649-8282
www.s2verify.com

Usted tiene derecho a inspeccionar visualmente durante horas laborales normales según aviso razonable a la Agencia de informes de investigación del consumidor ("ICRA"), sus archivos y toda la información contenida en sus archivos como se prevé en el Código Civil de California. El ICRA esta obligado a complacer esta inspección, como sigue:

- **En persona, si usted presenta la identificación adecuada. Una copia del archivo estará disponible a usted por una cantidad que no debe exceder los costos reales de copiar.**
- **Por correo certificado, si hace una solicitud por escrito, con la identificación adecuada, de copias ser enviadas a una dirección especificada. Sin embargo, una ICRA cumpliendo con una solicitud por escrita, no será responsable por la revelación a terceros causados por mal uso del correo después de salir de sus establecimientos.**
- **Por teléfono, si usted ha hecho una solicitud por escrito, con identificación adecuada para revelación telefónica.**

"Adecuada Identificación" incluye documentos como licencia de conducir vigente, número de la tarjeta de Seguridad Social, tarjeta de identificación militar y tarjetas de crédito. Sólo si no puede identificarse con esa información el ICRA puede pedir información adicional sobre su empleo y antecedentes personales o familiares con el fin de verificar su identidad.

El ICRA proporcionará personal capacitados para explicar cualquier información proporcionada a usted en virtud de la §1786.10. El ICRA también proporcionará una explicación por escrito de cualquier información codificada contenida en el archivo. Esta explicación se distribuirá cuando se proporciona un archivo para inspección visual.

Usted puede ser acompañado por otra persona de su elección cuando usted viene a inspeccionar su archivo. Esta persona debe presentar identificación razonable. El ICRA puede requerir un permiso de concesión de declaración escrita a la ICRA para discutir su archivo en la presencia de su acompañan.

Residentes / solicitantes de California solamente:

Puede recibir una copia gratuita de cualquier informe del consumidor o informe de investigación del consumidor obtenido si marca la casilla a continuación.

Deseo recibir una copia gratuita del informe.