

# VOLUNTEER APPLICATION

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

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Ph: (\_\_\_\_) \_\_\_\_\_ Work Ph: (\_\_\_\_) \_\_\_\_\_ Cell Ph: (\_\_\_\_) \_\_\_\_\_

E-mail \_\_\_\_\_ Date of Birth: \_\_\_\_\_

How did you hear about Rainbow Days? \_\_\_\_\_

In order to find the most appropriate placement for our volunteers, we like to have some information which will help in matching the volunteer to the appropriate program. For that reason we ask that you complete the following questions:

- Student /Name of School \_\_\_\_\_  Internship  Community  
 Court-Appointed Community Service  College Placement/Service-Learning  
 Fundraising  Other \_\_\_\_\_

If you are volunteering to meet a community, school or court requirement, please complete the following:

Number of Hours Required \_\_\_\_\_ Date hours are due? \_\_\_\_\_

**Employment:** Current Employment:

Homemaker:  Yes  No

Or Company \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_  
 Job Title \_\_\_\_\_  
 Supervisor \_\_\_\_\_  
 Phone #: (\_\_\_\_) \_\_\_\_\_  
 How long in this position? \_\_\_\_\_

**Hobbies, Special Skills, Interests:** Please explain \_\_\_\_\_

**Previous Volunteer Experience, if any:**

Name of Organization: \_\_\_\_\_

Address: \_\_\_\_\_

Phone #: (\_\_\_\_) \_\_\_\_\_ Task or Job performed: \_\_\_\_\_

Reported to: \_\_\_\_\_ Email \_\_\_\_\_

Name of Organization: \_\_\_\_\_

Address: \_\_\_\_\_

Phone #: (\_\_\_\_) \_\_\_\_\_ Task or Job performed: \_\_\_\_\_

Reported to: \_\_\_\_\_ Email \_\_\_\_\_

**Previous Criminal Record:** Have you ever been indicted or convicted of a misdemeanor or felony? Yes No Year of Offenses: \_\_\_\_\_  
If yes, please explain \_\_\_\_\_

**Restrictions** that might affect your availability for volunteer work. (Family, work schedules, school, etc.)

**Any Health concerns you would like us to be aware of?**

**Are you fluent in a language(s) other than English?** Yes No  
If yes, which language(s)? \_\_\_\_\_

**In case of emergency during any volunteer placement, please notify:**

**Name** \_\_\_\_\_ Cell Phone (\_\_\_\_) \_\_\_\_\_  
Day Phone: (\_\_\_\_) \_\_\_\_\_ Evening Phone: (\_\_\_\_) \_\_\_\_\_  
Address \_\_\_\_\_ Relationship \_\_\_\_\_

**Professional Reference:**

**Name** \_\_\_\_\_ Day Phone: (\_\_\_\_) \_\_\_\_\_  
Address \_\_\_\_\_ Evening Phone: (\_\_\_\_) \_\_\_\_\_  
Email \_\_\_\_\_

**Personal Reference:**

**Name** \_\_\_\_\_ Day Phone (\_\_\_\_) \_\_\_\_\_  
Address \_\_\_\_\_ Evening Phone (\_\_\_\_) \_\_\_\_\_  
Email \_\_\_\_\_

**Placement Request:** If you are placed as a volunteer, is there any particular program/ job in which you might be interested? (Please check all that apply)

**Year Round:**

- Office Angel (M-F / 9am-5pm) --- You select the hours
- Curriculum-Based Support Group for Children and Youth Co-Facilitator  
*(1-2 hours a week / M-Th 3:30 p.m. - 8:30 p.m.)*
- Curriculum-Based Support Group for Children in Homeless Shelters Co-Facilitator  
*(M-Th 3-8:30 Varies)*
- Fundraising
- Pot of Gold Luncheon Committee Member
- Public Relations Committee Member
- Art with a Heart *(6 selected Saturdays a year; 10am – 3pm; Sites vary)*
- Family Outings *(4 day long excursions a year – Dates/Times/Sites vary)*
- Summer Camps *(Kids University, Team Connected, Camp Broadway, and Outdoor Adventure Camp)*
- Local Community / Health Fairs *(Dates/Times/Sites vary)*

**One Time Events**

- Easter Eggstravaganza *(Saturday event – 2-3 weeks before Easter)*
- Annual Back-to-School Celebration *(Late August/weekday event 1pm-3pm)*
- Saturday with Santa *(Saturday event /early December)*
- Red Ribbon Campaign *(Annual event during last week in October)*

**Hours you are available to volunteer:**

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Morning 8am-12pm						
Afternoon 12pm-5pm						
Evening (after 5pm)						

Based on your availability we will do our best to place you with your requested program.





# RAINBOW DAYS, INC. VOLUNTEER STATEMENT

I affirm that the statements given by me on the volunteer application are true and accurate.

I understand that Rainbow Days, Inc. is a non-profit organization working with at-risk children and that Rainbow Days, Inc. requires the assistance of volunteers in the conduct of its various programs.

I understand that by completing the application process I am not granted a position.

I agree that upon placement I will perform my volunteer responsibilities without compensation and that in performing those responsibilities, I am not acting as an employee or official representative of Rainbow Days, Inc.

I understand that any false or misleading information submitted on or omitted from this application will be sufficient cause for immediate dismissal from volunteer placement.

I grant Rainbow Days, Inc. permission to investigate all facts and statements contained in this Volunteer Application. I hereby authorize any person(s) or concern(s) to furnish any and all information including personal character, habits, work record, skills, felony/misdemeanor records, or any other pertinent information in their possession. I release all such persons and concerns from liability.

I understand that Rainbow Days, Inc. reserves the right to terminate my volunteer placement at any time and that upon termination, I will return any and all properties issued to me by Rainbow Days, Inc.

I have read, understand and agree to adhere to the policies listed in the Rainbow Days Volunteer Application and the Volunteer Handbook.

\_\_\_\_\_  
Volunteer/Intern Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Signature (If under 18)

\_\_\_\_\_  
Date

**Please return this form to:**  
*Attn: Volunteer Coordinator*  
*Rainbow Days, Inc.*  
*8150 N. Central Expressway, Suite 1600*  
*Dallas, TX 75206*  
*(214) 887-0726 Phone*  
*(214) 887-0729 Fax*

**CONSENT FORM FOR  
PERSONAL REFERENCE CHECKS**



*I hereby give my permission for Rainbow Days, Inc. to obtain information relating to my personal background through letters or telephone calls to individuals that I have listed as references. I understand that this information will be used, in part, to determine my eligibility for a employee/volunteer position with this organization. I also understand that Rainbow Days, Inc. has a Grievance Procedure Policy and that such policy will be made available for clarification, if I dispute the information received.*

*I, the undersigned, do for myself, my heirs, executors and administrators, hereby remise, release and forever discharge and agree to indemnify and hold Rainbow Days, Inc. and each of its officers, directors, employees, and agents and hold them harmless from and against any and all causes of actions, suits, liabilities, costs, debts, and sums of money, claims and demands whatsoever (including claims for negligence, gross negligence, and/or strict liability of Rainbow Days, Inc.), and any and all related attorney's fees, court costs, and other expenses resulting from the investigation of my personal reference checks in connection with my application to become a volunteer.*

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***Applicant's Signature***

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***Applicant's Printed Name***

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***Date***

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***Parent/Guardian Signature (If under 18)***

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***Date***



## 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)				
Current Address				
City		State	Zip Code	County
Social Security Number	Date of Birth	Driver's License Number		State Issued
<b>Gender</b> <input type="checkbox"/> Male <input type="checkbox"/> Female		<b>Race</b> <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 VERIFIY 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, Credit History 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 VERIFIY 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)