

# VOLUNTEER FORM

*(Please Print)*

**FOR OFFICE USE ONLY**

- Constant Contact entry
- CBC submission date \_\_\_\_\_
- CBC notes \_\_\_\_\_
- E-tap entry

Rainbow Days, Inc. is a nonprofit charitable organization that works with at-risk children. To conduct its programs, Rainbow Days requires the assistance of volunteers, and EACH individual who desires to help our organization and the children we serve is required to complete a volunteer form and undergo a criminal background check. Volunteers must also complete an orientation. Completion of this form and the background check does not mean that an individual will be selected as a volunteer. Volunteers will be selected at the sole discretion of Rainbow Days.

Please truthfully and accurately complete this form and any attachments and fax, email or mail back to Rainbow Days at least 7 days before you desire to volunteer. Thank you!

Today's Date: \_\_\_\_\_

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

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

Home Phone: (\_\_\_\_) \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_\_

Home E-mail \_\_\_\_\_ Work E-mail \_\_\_\_\_

Date of Birth: \_\_\_\_\_

How did you hear about Rainbow Days (e.g. name of person who told you about us, volunteer center, company, volunteer program, etc.)?

\_\_\_\_\_

\_\_\_\_\_

To help us find the most appropriate program placement for our volunteers, please complete the following questions:

- Individual                       Internship                       Student
- College Placement/Service-Learning       Court-Appointed Community Service
- Other \_\_\_\_\_

Number of Hours Required \_\_\_\_\_ When Are Your Hours Due? \_\_\_\_\_

**Current Employment:**     Yes     No

Company \_\_\_\_\_

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

Job Title \_\_\_\_\_

How long in this position? \_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

**Volunteer Experience, if any (attach additional information if necessary):**

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

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

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

\_\_\_\_\_

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

\_\_\_\_\_  
\_\_\_\_\_

**Any health concerns we should be aware of?** \_\_\_\_\_

\_\_\_\_\_

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

**Emergency Contacts - In case of emergency during any volunteer program, please notify:**

**Name** \_\_\_\_\_ Mobile Phone: (\_\_\_\_) \_\_\_\_\_

Day Phone:(\_\_\_\_) \_\_\_\_\_ Evening Phone: (\_\_\_\_) \_\_\_\_\_

Address \_\_\_\_\_

Relationship \_\_\_\_\_

**Name** \_\_\_\_\_ Mobile Phone: (\_\_\_\_) \_\_\_\_\_

Day Phone:(\_\_\_\_) \_\_\_\_\_ Evening Phone: (\_\_\_\_) \_\_\_\_\_

Address \_\_\_\_\_

Relationship \_\_\_\_\_

**References:** Depending on the nature of the volunteer program, personal and/or professional reference checks may be required. Please list 2 personal or professional references that we might contact.

Yes, I give my consent for Rainbow Days to contact my references listed below.

1. **Name** \_\_\_\_\_ Day Phone:(\_\_\_\_) \_\_\_\_\_

Email: \_\_\_\_\_

Relationship \_\_\_\_\_

2. **Name** \_\_\_\_\_ Day Phone:(\_\_\_\_) \_\_\_\_\_

Email: \_\_\_\_\_

Relationship \_\_\_\_\_



*Rainbow Days conducts a confidential criminal background check on every volunteer who works with our organization. The subsequent "VeriFYI" criminal background check form is processed by a contracted, third party organization, such as the Volunteer Center of North Texas or the Texas Department of Public Safety. Both the "VeriFYI" form and the results from the criminal background check are kept in a secure, locked file at Rainbow Days' office. Rainbow Days prides itself on upholding the highest standards of integrity, confidentiality and privacy in all of our practices. You can be assured that your personal information listed on the subsequent form is kept private and secure.*

### **CONSENT FORM FOR CRIMINAL BACKGROUND CHECK**

I hereby give my permission for RAINBOW DAYS, INC. to obtain information relating to my criminal history record through the VOLUNTEER CENTER OF NORTH TEXAS and/or the TEXAS DEPARTMENT OF PUBLIC SAFETY. The criminal history record, as received from the reporting agencies, may include arrest and conviction data. I understand that this information will be used, in part, to determine my eligibility to volunteer for this organization. I also understand that as long as I remain a volunteer here, the criminal history records check may be repeated at any time. I understand that I will have an opportunity to review the criminal history and a procedure is available for clarification, by contacting the VOLUNTEER CENTER OF NORTH TEXAS and/or the TEXAS DEPARTMENT OF PUBLIC SAFETY, if I dispute the record as received. I also understand that the criminal history could contain information presumed to be expunged.

I, THE UNDERSIGNED, DO FOR MYSELF, MY HEIRS, EXECUTORS AND ADMINISTRATORS, HEREBY RELEASE AND FOREVER DISCHARGE AND AGREE TO INDEMNIFY AND HOLD RAINBOW DAYS, INC., THE VOLUNTEER CENTER OF NORTH TEXAS AND/OR TEXAS DEPARTMENT OF PUBLIC SAFETY AND EACH OF THEIR OFFICERS, DIRECTORS, AGENTS AND EMPLOYEES, FROM AND AGAINST ANY AND ALL CAUSES OF ACTION, 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., THE VOLUNTEER CENTER OF NORTH TEXAS AND THE TEXAS DEPARTMENT OF PUBLIC SAFETY), AND ANY AND ALL RELATED ATTORNEYS' FEES, COURT COSTS, AND OTHER EXPENSES RESULTING FROM THE INVESTIGATION OF MY BACKGROUND IN CONNECTION WITH MY APPLICATION TO BECOME A VOLUNTEER FOR RAINBOW DAYS, INC.

\_\_\_\_\_  
***Prospective Volunteer's Signature***

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



Background Verification Release Form

AGENCY INFORMATION

Date	Agency Name Rainbow Days, Inc.		
Contact Name			
Agency's Main Phone Number 214-887-0726		Agency's Fax Number 214-887-0729	

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"/> Caucasian <input type="checkbox"/> Asian <input type="checkbox"/> Hispanic <input type="checkbox"/> Other		

I hereby authorize VeriFYI 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 committed as a juvenile. I understand that this information will be used, in part, to determine my eligibility to volunteer with this organization. I also understand that as long as I remain a volunteer for Rainbow Days, Inc., 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 the 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 VeriFYI 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 volunteer purposes, and I have carefully read and understand this authorization.

\_\_\_\_\_  
Prospective Volunteer's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Prospective Volunteer's Printed Name



# RAINBOW DAYS VOLUNTEER STATEMENT AND RELEASE

*Please read the following statement and sign below affirming your agreement.*

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

I understand that completion of the process to become a volunteer does not automatically guaranty that I will be selected as a volunteer. Selection of volunteers is at the sole discretion of Rainbow Days. I agree that upon selection as a volunteer, I will perform my volunteer responsibilities without compensation and that in performing those responsibilities, I am not acting as an employee of Rainbow Days.

I understand that any false or misleading information submitted on or omitted from this form may result in immediate termination of a volunteer assignment. I understand that Rainbow Days reserves the right to terminate my status as a volunteer at any time and that, upon such termination, I will return any and all property issued to me by Rainbow Days.

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

I acknowledge that Rainbow Days does not provide Worker’s Compensation Insurance coverage for its volunteers. I hereby agree, for me and my heirs, assigns, executors and administrators to release and hold harmless Rainbow Days, its nonprofit partner agencies and partners (“Releasees”) from all claims, demands and actions for injuries or death sustained by me and/or damage to or destruction, loss or theft of my property and to the property of others as a result of my involvement in such activities, whether or not resulting from my negligence or the negligence of any other individual, or from accidents with or without negligence, or from the intentional actions of other individuals. I further agree to release and hold Rainbow Days and the Releasees harmless from any cause or action, claim or suit arising therefrom. I attest that my attendance and involvement in such activities is fully voluntary, that I am participating at my own risk, and that I have read the foregoing terms and conditions of this document.

I have read, agree to and hereby voluntarily execute the foregoing statement and release. Additionally, I have read, understand and agree to adhere to the policies listed in the Rainbow Days Volunteer Handbook (available on Rainbow Days’ website: [www.rdikids.org](http://www.rdikids.org)).

\_\_\_\_\_  
Prospective Volunteer’s Signature

\_\_\_\_\_  
Date

***For questions about Volunteering with Rainbow Days or for further information, please contact Mitzi White - Rainbow Days Volunteer Coordinator, at 214-217-3831 or [mitziw@rdikids.org](mailto:mitziw@rdikids.org).***

***Please return this signed, completed volunteer 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  
[www.rdikids.org](http://www.rdikids.org)*

