

# Pregnancy Resource Center of Owasso Volunteer Application

Name: \_\_\_\_\_ DOB \_\_\_\_\_  
Last First Middle Initial

Address: \_\_\_\_\_  
Number and Street City State Zip code

Home Phone # \_\_\_\_\_ Cell Phone # \_\_\_\_\_ Email Address \_\_\_\_\_

Are you over 18 years old? \_\_\_Yes \_\_\_No

Have you ever been convicted of a crime? \_\_\_Yes \_\_\_No

If yes, explain: \_\_\_\_\_

## Education:

High School: Number of years completed (*circle one*) 1 2 3 4 Diploma: \_\_\_Yes \_\_\_No G.E.D.: \_\_\_Yes \_\_\_No

College and/or Vocational School: Number of years completed (*circle one*) 1 2 3 4 5 6 7

School(s) \_\_\_\_\_ Address \_\_\_\_\_

Major \_\_\_\_\_ Degrees Earned (Date) \_\_\_\_\_

Describe other training or degrees: \_\_\_\_\_

## Previous Volunteer Experience:

Organization \_\_\_\_\_ Date of service: From \_\_\_\_\_ To \_\_\_\_\_

Address \_\_\_\_\_ Position/Duties \_\_\_\_\_

Organization \_\_\_\_\_ Date of service: From \_\_\_\_\_ To \_\_\_\_\_

Address \_\_\_\_\_ Position/Duties \_\_\_\_\_

Organization \_\_\_\_\_ Date of service: From \_\_\_\_\_ To \_\_\_\_\_

Address \_\_\_\_\_ Position/Duties \_\_\_\_\_

## Additional Information:

1. What is your reason for seeking to volunteer here? \_\_\_\_\_

2. What special skills, talents, gifts or personality traits would you bring to this ministry?

3. Do you consider yourself a Christian? \_\_\_Yes \_\_\_No If yes, how long have you been a Christian? \_\_\_\_\_

4. As a Christian, what is the basis of your salvation? \_\_\_\_\_

5. Please provide the following information concerning your local church.

Church name \_\_\_\_\_ Address \_\_\_\_\_

Pastor's name \_\_\_\_\_ Phone \_\_\_\_\_

Positions in which you have served \_\_\_\_\_

6. This organization is a pro-life Christian ministry. We believe that our faith in Jesus Christ empowers us, enables and motivates us to provide crisis pregnancy services in this community. Please write a brief statement about how your faith would affect your volunteer work at this center.

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

**References:**

Please provide at least two employment references and at least two personal references:

Name	Address	Phone #	Years Acquainted	Relationship
1. _____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____
4. _____	_____	_____	_____	_____

**APPLICANT'S CERTIFICATION AND AGREEMENT**

I certify that the facts set forth in this employment application are true and complete to the best of my knowledge, and I authorize the Pregnancy Resource Center of Owasso to verify their accuracy and to obtain reference information on my character and capabilities. I release the Pregnancy Resource Center of Owasso and any person or entity providing such reference information from any and all liability relating to the provision of such information or relating to any decisions made based upon such information. I give permission to the Pregnancy Resource Center of Owasso to conduct a criminal background check to the extent that my volunteer duties may involve interaction with minors. If I become a volunteer at the Pregnancy Resource Center of Owasso, I agree to fully adhere to its policies and rules, including those rules relating to maintaining client confidentiality. I recognize that as a volunteer, I will serve in a different role than that of an employee and I am not seeking, nor expecting to receive any compensation or other benefits in return for volunteers services which I may provide for this ministry.

I further certify that I have read and that I am in full agreement with the pregnancy center's Statement of Faith and Statement of Principle.

Signature of Volunteer Applicant \_\_\_\_\_ Date \_\_\_\_\_



## DISCLOSURE AND AUTHORIZATION 2.2

### DISCLOSURE AND AUTHORIZATION FOR CONSUMER REPORTS

In connection with my application for employment/licensure (including contract or volunteer services) or application to rent a dwelling with \_\_\_\_\_, I understand consumer reports will be requested by you ("Company"). These reports may include, as allowed by law, the following types of information, as applicable: names and dates of previous employers, reason for termination of employment, work experience, reasons for termination of tenancy, former landlords, education, accidents, licensure, credit, etc. I further understand that such reports may contain public record information such as, but not limited to: my driving record, workers' compensation claims, judgments, bankruptcy proceedings, evictions, criminal records, etc., from federal, state, and other agencies that maintain such records.

In addition, investigative consumer reports (gathered from personal interviews, as applicable, with former employers or landlords, past or current neighbors and associates of mine, etc.) to gather information regarding my work or tenant performance, character, general reputation and personal characteristics, and mode of living (lifestyle) may be obtained.

If I am hired/licensed, I understand that my employer can use this disclosure and authorization to continue to obtain such consumer reports throughout my employment/licensure, contract period or volunteer service.

#### Authorization

**I hereby authorize procurement of consumer report(s) and investigative consumer report(s) by Company. If hired (or contracted), this authorization shall remain on file and shall serve as ongoing authorization for Company to procure such reports at any time during my employment/licensure, contract or volunteer period. I authorize without reservation, any person, business or agency contacted by the consumer reporting agency to furnish the above-mentioned information.**

#### **This authorization is conditioned upon the following representations of my rights:**

I understand that I have the right to make a request to the Consumer Reporting Agency: AmericanChecked Inc., 4870 South Lewis Avenue, Suite 120, Tulsa, OK 74105; telephone: 800-975-9876 ("Agency") upon proper identification, to obtain copies of any reports furnished to Company by the Agency and to request the nature and substance of **all information** in its files on me at the time of my request, including the sources of information, and the Agency, on Company's behalf, will provide a complete and accurate disclosure of the nature and scope of the investigation covered by any investigative consumer report(s). The Agency will also disclose the recipients of any such reports on me which the Agency has previously furnished within the two year period for employment requests, and one year for other purposes preceding my request (California three years). I hereby consent to Company obtaining the above information from the Agency. I understand that I can dispute, at any time, any information that is inaccurate in any type of report with the Agency. I may view the Agency's privacy policy at their website: <http://americanchecked.com/privacy-policy>.

I understand that if the Company is located in California, Minnesota or Oklahoma, that I have the right to request a copy of any report the Company receives on me at the time the report is provided to the Company. By checking

the following box, I request a copy of all such reports be sent to me. Check here:



## DISCLOSURE AND AUTHORIZATION 2.2

As a California applicant, I understand that I have the right under Section 1786.22 of the California Civil Code to contact the Agency during reasonable hours (9:00 a.m. to 5:00 p.m. (CST) Monday through Friday) to obtain all information in Agency's file for my review. I may obtain such information as follows: 1) In person at the Agency's offices, which address is listed above. I can have someone accompany me to the Agency's offices. Agency may require this third party to present reasonable identification. I may be required at the time of such visit to sign an authorization for the Agency to disclose to or discuss Agency's information with this third party; 2) By certified mail, if I have previously provided identification in a written request that my file be sent to me or to a third party identified by me; 3) By telephone, if I have previously provided proper identification in writing to Agency; and 4) Agency has trained personnel to explain any information in my file to me and if the file contains any information that is coded, such will be explained to me.

I understand that if I am applying for employment in New York, that I have the right to receive a copy of Article 23-A of the New York Correction Law \_\_\_\_\_ (initial if this applies).

I understand that if the report is provided to an employer in the State of Washington, that I can contact the following office for more information regarding my rights under Washington State Law in regard to these reports: State of Washington Attorney General, Consumer Protection Division, 800 5<sup>th</sup> Ave, Ste. 2000, Seattle, Washington 98104-3188, (206) 464-7744.

In connection with my application for employment/licensure (including contract or volunteer services) or application to rent a dwelling, I direct the following regarding my current employer: (please check one). Yes, my current employer may be contacted \_\_\_\_\_ / No, my current employer cannot be contacted \_\_\_\_\_

I understand that I have rights under the Fair Credit Reporting Act, and I acknowledge receipt of the Summary of Rights \_\_\_\_\_ (initials).

First Name \_\_\_\_\_ Middle Name/MI \_\_\_\_\_ Last Name \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

For identification purposes:

Address \_\_\_\_\_

Social Security No. \_\_\_\_\_ Date of Birth \_\_\_\_\_

Driver License No. \_\_\_\_\_ State of Issue \_\_\_\_\_