



## Signal Centers, Inc. Volunteer Application

--

Date:

<b>APPLICANT INFORMATION</b>
------------------------------

Name (first, middle, last):

Name you wish to be called:

Address:

Home phone:

Mobile phone:

E-mail:

**Optional: Used for United Way reporting**  
Gender:

Date of Birth:

Race:

Organization representing (if applicable):

Are you a citizen of the United States?

Yes No

If no, are you authorized to work in the U.S.?

Have you ever been convicted of a criminal offense (felony or misdemeanor)?

Yes No

If yes, please explain:

<b>EXPERIENCE</b>
-------------------

Relevant volunteer interests/skills:

--

### AVAILABILITY

Is there an amount of time you wish to volunteer each week/month?

What day(s) are you available to volunteer? Please circle all that apply.

Monday      Tuesday      Wednesday      Thursday      Friday

What hours are you available to volunteer?

Is there a program in which you would like to volunteer?

### EMERGENCY CONTACT INFORMATION

Name:	Address:	
Work phone:	Home/mobile phone (circle one):	
Relationship to you:		
Name:	Address:	
Work phone:	Home/mobile phone (circle one):	
Relationship to you:		

### DISCLAIMER AND SIGNATURE

I certify that my answers are true and complete to the best of my knowledge.

I understand that a Criminal Background Check and fingerprinting is required for all volunteer applicants 18 years of age or above and it is my responsibility to schedule and pay for this service. If my fingerprinting is returned to Signal Centers with no findings, and I begin my volunteer services as scheduled, I understand Signal Centers will reimburse the fingerprinting fee (original receipt required). If there are findings from the fingerprinting which prevent me from volunteering with Signal Centers, I understand I am not eligible for this reimbursement.

If this application leads to a volunteer assignment, I understand that any false or misleading information in my application or interview may result in my release from Signal Centers Volunteer Program.

Signature of applicant:	Date:
Signature of parent/guardian, if applicant is under 18:	Date:

## SIGNAL CENTERS' VOLUNTEER STATEMENT OF REFERENCE

Name of volunteer: \_\_\_\_\_ Date: \_\_\_\_\_

Name of volunteer reference: \_\_\_\_\_

Reference email: \_\_\_\_\_

Relationship to the volunteer applicant: \_\_\_\_\_

Length of time you have known the volunteer applicant: \_\_\_\_\_

**Directions:** As the volunteer applicant, it is your responsibility to obtain three references (non-family) and return these to Signal Centers. All three references must be completed and on file, before you begin your volunteer assignment. Your reference must rate you on the following scale. Should your references wish to make any confidential additional comments, he/she may do so by contacting info@signalcenters.org or call 423.698.8528 x 701

**Note:** If there is any reason you have concern about this person volunteering, please contact us.

	Excellent	Good	Fair	Poor
Promptness and regularity in keeping appointments				
Physical/mental health regarding person's ability to be actively involved with clients				
Compassionate, patient, and warm attitude in working with children and adults of varying abilities				
Ability to take initiative				
Ability to follow directions				
Communication skills				
Professional appearance				
Ability to use good judgement in an emergency				
Flexibility and adaptability				

Additional Comments:

---



---



---



---

## SIGNAL CENTERS' VOLUNTEER STATEMENT OF REFERENCE

Name of volunteer: \_\_\_\_\_ Date: \_\_\_\_\_

Name of volunteer reference: \_\_\_\_\_

Reference email: \_\_\_\_\_

Relationship to the volunteer applicant: \_\_\_\_\_

Length of time you have known the volunteer applicant: \_\_\_\_\_

**Directions:** As the volunteer applicant, it is your responsibility to obtain three references (non-family) and return these to Signal Centers. All three references must be completed and on file, before you begin your volunteer assignment. Your reference must rate you on the following scale. Should your references wish to make any confidential additional comments, he/she may do so by contacting info@signalcenters.org or call 423.698.8528 x 701

**Note:** If there is any reason you have concern about this person volunteering, please contact us.

	Excellent	Good	Fair	Poor
Promptness and regularity in keeping appointments				
Physical/mental health regarding person's ability to be actively involved with clients				
Compassionate, patient, and warm attitude in working with children and adults of varying abilities				
Ability to take initiative				
Ability to follow directions				
Communication skills				
Professional appearance				
Ability to use good judgement in an emergency				
Flexibility and adaptability				

Additional Comments:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## SIGNAL CENTERS' VOLUNTEER STATEMENT OF REFERENCE

Name of volunteer: \_\_\_\_\_ Date: \_\_\_\_\_

Name of volunteer reference: \_\_\_\_\_

Reference email: \_\_\_\_\_

Relationship to the volunteer applicant: \_\_\_\_\_

Length of time you have known the volunteer applicant: \_\_\_\_\_

**Directions:** As the volunteer applicant, it is your responsibility to obtain three references (non-family) and return these to Signal Centers. All three references must be completed and on file, before you begin your volunteer assignment. Your reference must rate you on the following scale. Should your references wish to make any confidential additional comments, he/she may do so by contacting info@signalcenters.org or call 423.698.8528 x 701

**Note:** If there is any reason you have concern about this person volunteering, please contact us.

	Excellent	Good	Fair	Poor
Promptness and regularity in keeping appointments				
Physical/mental health regarding person's ability to be actively involved with clients				
Compassionate, patient, and warm attitude in working with children and adults of varying abilities				
Ability to take initiative				
Ability to follow directions				
Communication skills				
Professional appearance				
Ability to use good judgement in an emergency				
Flexibility and adaptability				

Additional Comments:

---



---



---



---

**Consent Form** for Criminal History Records Check

I hereby apply for a volunteer position with Signal Centers and warrant that all information stated in my volunteer application is true and correct. I understand that misrepresentation or the purposeful omission of facts called on the employment application is reason to disqualify me from further consideration and/or may be grounds for dismissal. I promise and agree that if accepted as a volunteer by Signal Centers I will do and perform faithfully and efficiently all duties the position carries with it or are implied.

Accordingly, as a volunteer applicant for Signal Centers, I hereby consent to a criminal history records check. I authorize Signal Centers to submit information to the Tennessee Bureau of Investigation, the Federal Bureau of Investigation or Application Researchers as required by the agency and/or it’s programs. I consent to a review of investigative records in the Hamilton County Sherriff’s Department and Wanted lists in all states of the United States for the purpose of screening for arrest in Hamilton County or wanted status elsewhere.

I understand that being convicted of a felony or any crime related to abuse or neglect disqualifies me from service. I hereby certify that I have no such activity on my background.

I understand that if volunteer activities start prior to receipt of all reports of records checks, my volunteer status with Signal Centers is on a temporary basis, contingent upon receipt of a satisfactory records check.

Signature: \_\_\_\_\_

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

Signature of parent/guardian, if applicant is under 18: \_\_\_\_\_

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

**Confidentiality Oath**

As a staff member, board member, or volunteer of Signal Centers, I realize that I will have access to information about children, families, and consumers enrolled in the Center which is personal and private by nature. I agree that all such information and all matters discussed must be treated with respect for the privacy of the families, and should not be the subject of gossip or unprofessional conversation. I agree to abide by the above in principle and in fact.

Signature: \_\_\_\_\_

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

Signature of parent/guardian, if applicant is under 18: \_\_\_\_\_

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

**Photo/Video Release**

Signal Centers may take photos/videos during the duration of their service for possible use in Signal Centers volunteer outreach materials, Signal Center’s Facebook page, Twitter, website, or printed materials. I understand that I am not eligible for compensation for this likeness. My name may be released along with the photo/video for the above purpose.

Signature: \_\_\_\_\_

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

Signature of parent/guardian, if applicant is under 18: \_\_\_\_\_

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

**Dress Code** (Modified from employee personnel policies for volunteers)

During working hours, volunteers are expected to dress neatly and present a public appearance appropriate for the agency's professional environment. Administrative volunteers are asked to dress in accordance with a professional environment. Volunteers who work directly with the children or adult participants should dress in clothing that is comfortable and permits easy movement to accomplish the task. Discretion should be used in bareness of dress, neckline, shirt, dress and short lengths, and tightness of clothing. Appearance shall be free of excessive hairstyles, jewelry, nails, excessive perfume, etc. Common sense and personal hygiene should be observed. (Please refer to Dress Code for each program.)

Should violations occur, the volunteer may be asked to alter choices in attire in the future or, in extreme cases, may be asked to return home to change before reporting for service. Excessive violations to the rule may prevent the volunteer to continue service with the agency.

Signature: \_\_\_\_\_

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

Signature of parent/guardian, if applicant is under 18: \_\_\_\_\_ Date: \_\_\_\_\_

**Harassment Policies** (Modified from employee personnel policies for volunteers)

It is the policy of the agency to maintain a working environment free from all forms of harassment and to insist that all persons, whether they be volunteers, staff members, clients or caregivers, be treated with dignity, respect and courtesy. It is obvious from this policy that any comments or conduct relation to a person's race, religion, age, gender, sexual orientation, or ethnic background that fails to respect the dignity and feelings of the individual is unacceptable. It should be equally obvious that this policy extends to comments or conducts of a sexual nature where such behavior threatens or offends a fellow volunteer, staff member, client or caregiver.

Any person who believes that he or she has been subject to harassment should report the alleged act immediately to the supervisor of the person alleged to have inflicted the harassment. The report should be in writing stating in detail the act or acts that is/are considered to constitute harassment. An investigation of all complaints will be undertaken immediately in accordance with the agency's grievance policy (for a copy of this policy, please make that request from the Director of Volunteer Services.) Any volunteer who has been found by the agency, after appropriate investigation, to have harassed another person, or to have condoned harassment of another individual, will be subject to immediate relief of duties. However, false accusations of harassment will also result in severe disciplinary action, including relief of service duties.

The agency recognizes that although there is no absolute definition of conduct that constitutes harassment in every case, all agency volunteers are expected to conduct themselves reasonably in accordance with the guidelines set forth above. The agency will not tolerate any conduct that fails to comply with the letter and spirit of these guidelines.

Certify read & understood policy:

Signature: \_\_\_\_\_

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

Signature of parent/guardian, if applicant is under 18: \_\_\_\_\_ Date: \_\_\_\_\_



## Mutual Expectations Agreement

I. Signal Centers, Inc.

We agree to the following:

- To provide an adequate position description, orientation/training, and assistance to the volunteer or student service/learner
- To provide supervision, feedback, and evaluation on volunteer/student performance
- To respect the individual and learning needs of the volunteer/student
- To provide meaningful tasks related to social work skills, interest, and /or learning objectives
- To provide appreciation and recognition of the volunteer's/student's contributions
- To provide a safe and appropriate working environment

II. Volunteer/Intern

I agree to the following:

- To perform my respective duties to the best of my ability
- To adhere to the organizational rules, procedures and policies including the confidentiality of organization and client information
- To be open to supervision with mutual feedback which will facilitate service-learning growth if applicable
- To meet time and duty commitments or if I cannot attend, to provide adequate notice so that alternative arrangements can be made

\_\_\_\_\_  
Volunteer Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of parent/guardian, if applicant is under 18:

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signal Centers' Staff Member

\_\_\_\_\_  
Date



## A Summary of Your Rights Under the Fair Credit Reporting Act

The federal Fair Credit Reporting Act (FCRA) promotes the accuracy, fairness, and privacy of information in the files of consumer reporting agencies. There are many types of consumer reporting agencies, including credit bureaus and specialty agencies (such as agencies that sell information about check writing histories, medical records, and rental history records). Here is a summary of your major rights under FCRA. **For more information, including information about additional rights, go to [www.consumerfinance.gov/learnmore](http://www.consumerfinance.gov/learnmore) or write to: Consumer Financial Protection Bureau, 1700 G Street NW, Washington, DC 20552.**

- **You must be told if information in your file has been used against you.** Anyone who uses a credit report or another type of consumer report to deny your application for credit, insurance, or employment – or to take another adverse action against you – must tell you, and must give you the name, address, and phone number of the agency that provided the information.
- **You have the right to know what is in your file.** You may request and obtain all the information about you in the files of a consumer reporting agency (your “file disclosure”). You will be required to provide proper identification, which may include your Social Security number. In many cases, the disclosure will be free. You are entitled to a free file disclosure if:
  - a person has taken adverse action against you because of information in your credit report;
  - you are the victim of identity theft and place a fraud alert in your file;
  - your file contains inaccurate information as a result of fraud;
  - you are on public assistance;
  - you are unemployed but expect to apply for employment within 60 days.

In addition, all consumers are entitled to one free disclosure every 12 months upon request from each nationwide credit bureau and from nationwide specialty consumer reporting agencies. See [www.consumerfinance.gov/learnmore](http://www.consumerfinance.gov/learnmore) for additional information.

- **You have the right to ask for a credit score.** Credit scores are numerical summaries of your credit-worthiness based on information from credit bureaus. You may request a credit score from consumer reporting agencies that create scores or distribute scores used in residential real property loans, but you will have to pay for it. In some mortgage transactions, you will receive credit score information for free from the mortgage lender.
- **You have the right to dispute incomplete or inaccurate information.** If you identify information in your file that is incomplete or inaccurate, and report it to the consumer

reporting agency, the agency must investigate unless your dispute is frivolous. See [www.consumerfinance.gov/learnmore](http://www.consumerfinance.gov/learnmore) for an explanation of dispute procedures.

- **Consumer reporting agencies must correct or delete inaccurate, incomplete, or unverifiable information.** Inaccurate, incomplete, or unverifiable information must be removed or corrected, usually within 30 days. However, a consumer reporting agency may continue to report information it has verified as accurate.
- **Consumer reporting agencies may not report outdated negative information.** In most cases, a consumer reporting agency may not report negative information that is more than seven years old, or bankruptcies that are more than 10 years old.
- **Access to your file is limited.** A consumer reporting agency may provide information about you only to people with a valid need – usually to consider an application with a creditor, insurer, employer, landlord, or other business. The FCRA specifies those with a valid need for access.
- **You must give your consent for reports to be provided to employers.** A consumer reporting agency may not give out information about you to your employer, or a potential employer, without your written consent given to the employer. Written consent generally is not required in the trucking industry. For more information, go to [www.consumerfinance.gov/learnmore](http://www.consumerfinance.gov/learnmore).
- **You may limit “prescreened” offers of credit and insurance you get based on information in your credit report.** Unsolicited “prescreened” offers for credit and insurance must include a toll-free phone number you can call if you choose to remove your name and address from the lists these offers are based on. You may opt out with the nationwide credit bureaus at 1-888-567-8688.
- The following FCRA right applies with respect to nationwide consumer reporting agencies:

#### **CONSUMERS HAVE THE RIGHT TO OBTAIN A SECURITY FREEZE**

**You have a right to place a “security freeze” on your credit report, which will prohibit a consumer reporting agency from releasing information in your credit report without your express authorization.** The security freeze is designed to prevent credit, loans, and services from being approved in your name without your consent. However, you should be aware that using a security freeze to take control over who gets access to the personal and financial information in your credit report may delay, interfere with, or prohibit the timely approval of any subsequent request or application you make regarding a new loan, credit, mortgage, or any other account involving the extension of credit.

As an alternative to a security freeze, you have the right to place an initial or extended fraud alert on your credit file at no cost. An initial fraud alert is a 1-year alert that is

placed on a consumer’s credit file. Upon seeing a fraud alert display on a consumer’s credit file, a business is required to take steps to verify the consumer’s identity before extending new credit. If you are a victim of identity theft, you are entitled to an extended fraud alert, which is a fraud alert lasting 7 years.

A security freeze does not apply to a person or entity, or its affiliates, or collection agencies acting on behalf of the person or entity, with which you have an existing account that requests information in your credit report for the purposes of reviewing or collecting the account. Reviewing the account includes activities related to account maintenance, monitoring, credit line increases, and account upgrades and enhancements.

- **You may seek damages from violators.** If a consumer reporting agency, or, in some cases, a user of consumer reports or a furnisher of information to a consumer reporting agency violates the FCRA, you may be able to sue in state or federal court.
- **Identity theft victims and active duty military personnel have additional rights.** For more information, visit [www.consumerfinance.gov/learnmore](http://www.consumerfinance.gov/learnmore).

*Para información en español, visite [www.consumerfinance.gov/learnmore](http://www.consumerfinance.gov/learnmore) o escribe a la Consumer Financial Protection Bureau, 1700 G Street NW, Washington, DC 20552.*

**States may enforce the FCRA, and many states have their own consumer reporting laws. In some cases, you may have more rights under state law. For more information, contact your state or local consumer protection agency or your state Attorney General. For information about your federal rights, contact:**

TYPE OF BUSINESS:	CONTACT:
1.a. Banks, savings associations, and credit unions with total assets of over \$10 billion and their affiliates  b. Such affiliates that are not banks, savings associations, or credit unions also should list, in addition to the CFPB:	a. Consumer Financial Protection Bureau 1700 G Street NW Washington, DC 20552  b. Federal Trade Commission Consumer Response Center 600 Pennsylvania Avenue NW Washington, DC 20580 (877) 382-4357

<p>2. To the extent not included in item 1 above:</p> <p>a. National banks, federal savings associations, and federal branches and federal agencies of foreign banks</p> <p>b. State member banks, branches and agencies of foreign banks (other than federal branches, federal agencies, and Insured State Branches of Foreign Banks), commercial lending companies owned or controlled by foreign banks, and organizations operating under section 25 or 25A of the Federal Reserve Act.</p> <p>c. Nonmember Insured Banks, Insured State Branches of Foreign Banks, and insured state savings associations</p> <p>d. Federal Credit Unions</p>	<p>a. Office of the Comptroller of the Currency Customer Assistance Group P.O. Box 53570 Houston, TX 77052</p> <p>b. Federal Reserve Consumer Help Center P.O. Box 1200 Minneapolis, MN 55480</p> <p>c. Division of Depositor and Consumer Protection National Center for Consumer and Depositor Assistance Federal Deposit Insurance Corporation 1100 Walnut Street, Box #11 Kansas City, MO 64106</p> <p>d. National Credit Union Administration Office of Consumer Financial Protection 1775 Duke Street Alexandria, VA 22314</p>
<p>3. Air carriers</p>	<p>Assistant General Counsel for Office of Aviation Consumer Protection Department of Transportation 1200 New Jersey Avenue SE Washington, DC 20590</p>
<p>4. Creditors Subject to the Surface Transportation Board</p>	<p>Office of Public Assistance, Governmental Affairs, and Compliance Surface Transportation Board 395 E Street SW Washington, DC 20423</p>
<p>5. Creditors Subject to the Packers and Stockyards Act, 1921</p>	<p>Nearest Packers and Stockyards Division Regional Office</p>
<p>6. Small Business Investment Companies</p>	<p>Associate Administrator, Office of Capital Access United States Small Business Administration 409 Third Street SW, Suite 8200 Washington, DC 20416</p>
<p>7. Brokers and Dealers</p>	<p>Securities and Exchange Commission 100 F Street NE Washington, DC 20549</p>
<p>8. Institutions that are members of the Farm Credit System</p>	<p>Farm Credit Administration 1501 Farm Credit Drive McLean, VA 22102-5090</p>
<p>9. Retailers, Finance Companies, and All Other Creditors Not Listed Above</p>	<p>Federal Trade Commission Consumer Response Center 600 Pennsylvania Avenue NW Washington, DC 20580 (877) 382-4357</p>

## Instructions for Fingerprinting

### Tennessee Applicant Processing Service

Follow these simple steps outlined below to complete the fingerprinting process:

1. Using your computer web browser, go to [www.L1enrollment.com](http://www.L1enrollment.com) and choose Tennessee.
2. Click Online Scheduling and choose the language you wish to use for scheduling.
3. Enter your first and last name and click “go”.
4. Choose **Healthcare** as the Agency and click “go”.
5. Choose the proper Applicant Type—Health Services Volunteer.
6. Enter your ORI—TNHS00083 and click “go”.
7. Select the location where you want to be fingerprinted. Click “go”.
8. Click on the words “Click to schedule” across from the location you want and under the day you wish to be fingerprinted. Once you select the location/date combination, select the time for your appointment and click “go”.
9. Complete the demographic information page. When complete “Send Information”.
10. Confirm the information. Follow the screen directions to make any changes necessary. Once you see the data is correct, click “Send Information”.
11. You will be presented with payment options. Complete your payment process and click “Send Payment Information.”
12. Print your confirmation page.
13. Bring approved identification documents with you to the appointment. These approved document options are identified on your confirmation of the appointment.
14. Arrive at the facility at your appointed date and time.
15. The Enrollment Officer at the site will check your ID, verify your information, verify or collect payment, capture your fingerprints, and submit your data. This normally takes less than five minutes.
16. You will receive a signed receipt at the end of your fingerprinting session. Bring this back to the agency.
17. All results will be processed and delivered to your employing or licensing agency for processing by the TBI. L-1 is never in possession of criminal record data results.