



Partners in Housing guides families in housing crisis from insecurity to stability, self-reliance and prosperity.

455 Gold Pass Heights, Colorado Springs, CO 80906 (719) 325-5845

Volunteer Application

Date \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

Work Phone \_\_\_\_\_ Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Email Address \_\_\_\_\_

Birthday (Month and Day) \_\_\_\_\_  Male  Female

**For Volunteers 14-18 years of age only:** Information and relationship of the nearest relative

Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Address \_\_\_\_\_

Relationship \_\_\_\_\_

**SKILLS OR AREAS OF INTEREST**

Below are a list of volunteer activities offered at Partners in Housing.  
Please check any for your preference.

- Teaching life skills classes (M-F – daytime & evening hours)
- Providing budget counseling (M-F daytime & evening hours)
- Providing childcare during workshops at 21 S. Wahsatch (M-F daytime & evening hours)
- Sorting and organizing donated items in the free Donation Room (daytime M-F)
- Coordinating household items / personal hygiene drives
- Furniture pick-ups and delivery to our families (daytime & evenings M-F)
- Kids tutor / reading to the kids (daytime & evenings M-F)
- Colorado House food pantry – sorting, organizing, labeling at 21 S. Wahsatch (M-F)
- Kitchen assistant – help with meal prep, cleanup, washing dishes at 21 S. Wahsatch (4:30p-6:30p T, W, & some Th)
- Assist in job readiness program – resume building, job coaching at 21 S. Wahsatch (daytime & evening M-F)
- Perform maintenance on housing/landscapes (daytime M-F)

**PERFERRED AVAILABILITY**

My availability is between the hours of \_\_\_\_\_ and \_\_\_\_\_

I would like to serve up to \_\_\_\_\_ hours per  day  week  month

Do you have any knowledge of/speak/read/write other languages? If yes, which languages?

\_\_\_\_\_

Indicate any health factors that may affect program involvement (no heavy lifting, allergies, etc.):

\_\_\_\_\_

What is your T-shirt size?

XXS XS S M L XL XXL Other:

**CORRESPONDENCE FROM PARTNERS IN HOUSING**

I would like to receive correspondence from Partners in Housing (PIH), to include, but not limited to, the agency newsletter, fundraising campaign mailings and event invitations. Please include me on the mailing list to receive these items via email to:

\_\_\_\_\_ and/or via mail to my home address

\_\_\_\_\_

**EMERGENCY CONTACT INFORMATION**

We would like the following information to have available in case of emergency.

1. Name (local contact only) \_\_\_\_\_

Address \_\_\_\_\_

Phone # \_\_\_\_\_

2. Name (local contact only) \_\_\_\_\_

Address \_\_\_\_\_

Phone # \_\_\_\_\_

## WORK EXPERIENCE

Currently Employed:

Full time or Part time      Temporarily Unemployed      Retired      Homemaker

Name of current employer/address:

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Job title and duties:

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*In order for your application to be considered, you must sign the  
Applicant's Declaration, Authorization and Release*

### **APPLICANT'S DECLARATION, AUTHORIZATION, AND RELEASE**

My answers on this application and on any resume I provide are complete and true. I understand that the submission of any false or incomplete information in connection with my application, whether on this or other documents or in interviews, will be cause for the rejection of my application or the termination of my employment at any time. I authorize Partners in Housing and its agents to verify any information related to my application or resume. I also authorize all individuals, schools, employers, and law enforcement officials to freely release any information concerning my background, and I hereby release any and all of them from any liability for doing so.

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Print Name

Date

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Volunteer Signature

### **INFORMED CONSENT AND RELEASE**

**I, \_\_\_\_\_ understand that my services are being offered to Partners in Housing on a volunteer basis without anticipation of financial remunerations, and I indemnify and hold harmless Partners in Housing and its' employees, leaders, counselors, contractors or volunteers from and against all claims, demands, loss or injury to my person or property incurred through negligence, or other acts or omissions, however caused, by an officer, employee, agent, leader, contractor or volunteer of Partners in Housing as a result of, or during my participation in, volunteer service.**

**I acknowledge that I have carefully read and understood this agreement and fully understand its contents. I am aware that this is a release of liability and a contract between myself and Partners in Housing and or its' officers, employees, agents and volunteers, and I sign it of my own free will.**

\_\_\_\_\_  
Volunteer Signature (or parent / legal guardian)

Date\_\_\_\_\_

**I UNDERSTAND THAT ALL VOLUNTEERS MUST PROVIDE THEIR CONSENT FOR A BACKGROUND CHECK WITH THE STATE DEPARTMENT OF HUMAN SERVICES CENTRAL CHILD ABUSE REGISTRY AND PROVIDE ANSWERS TO THE FOLLOWING QUESTIONS.**

Has anyone ever brought or threatened to bring a civil or criminal claim against you alleging physical or sexual abuse or sexual harassment by you? YES NO

Have you ever been convicted of any law violation (except minor traffic offenses)? YES NO

Has any employer ever disciplined you or terminated your employment or have you ever terminated your own employment for reasons related to physical or sexual abuse by you, sexual harassment by you, your unsafe driving, or your theft?

YES NO

Have you ever received any medical treatment, physical or psychological, for reasons involving physical abuse or sexual abuse by you?

YES NO

If yes to any of these questions, please give a **short explanation of the allegations or treatments given**. Please indicate the dates, nature, and place of each allegation, the disposition of the allegations, and your employer at the time, including your employer's name, address and telephone number.

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

**STATEMENT OF CLIENT CONFIDENTIALITY POLICY  
REGARDING PERFORMANCE ON CONTRACTS**

**POLICY:**

It is the policy of Partners in Housing to **protect the confidentiality of clients as well as to protect their right to privacy**. PIH also extends to collaborating agencies confidentiality in regard to any information received from them in regard to a client.

All individuals, agencies, or other organizations performing on grants, contracts, and / or agreements are informed about confidentiality and **sign a statement of understanding that they will keep confidential the information they hear about clients**.

Personal information learned by anyone performing on a grant, contract, and / or agreement or volunteers connected to same, which concerns clients, other caregivers and providers is to be held in strict confidence.

This information is only to be used among organization staff and professional staff of collaborating agencies with whom it needs to be disclosed for the professional planning of care.

Access to and dissemination of restricted information must be controlled by the principle of need-to-know. An employee has a need-to-know if disclosure of the information to that person assists performance of his/her assigned duties. Need-to-know must be prudently determined. An individual does not have a need-to-know merely because of title or position. On the other hand, need-to-know should not be used to hide or obscure information from someone or some groups within with a valid interest and requirements for such information. The CEO of the organization performing under this policy has the ultimate responsibility for determining need-to-know.

Information is only exchanged with other professionals, individuals, families or family members with the full knowledge and signed authorization of the client.

All personnel must be informed of policies and procedures concerning the protection of sensitive information regarding the confidentiality of client records and information.

Failure to abide by confidentiality policies is grounds for termination of the contract, agreement, or grant.

Volunteer Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**DISCLOSURE AND AUTHORIZATION FORM  
TO OBTAIN CONSUMER REPORTS**

***Please Read Carefully Before Signing the Authorization***

**DISCLOSURE**

In considering you for employment, services, or volunteering; or if you are employed, in considering you for subsequent promotion, assignment, reassignment, retention, or discipline, **Partners in Housing**, may request and rely upon one or more consumer reports or investigative consumer reports about you that we obtain from an agency, such as Elite Investigations.

For explanation purposes:

- Elite Investigations will utilize a variety of information it deems appropriate, which include, but are not limited to; current & former employers, criminal records, department of motor vehicle records, financial records to include credit reporting agencies, education records, both State & Federal licensing & sanctioning authorities, personal & professional references, an interview with the applicant by our office if so requested. I, agree, authorize and consent to the release & disclosure of any and all information including, but not limited to \_\_\_\_\_, and Elite Investigations.
- a “consumer report” is a written, oral or other communication of any information by a consumer reporting agency bearing on your credit worthiness, credit standing, credit capacity, character, general reputation, personal characteristics, or mode of living which is used or expected to be used or collected in whole or in part for the purpose of serving as a factor in making an employment-related decision about you. Such information may include, for example, credit information, criminal history reports, or motor vehicle records; and
- an “investigative consumer report” is a consumer report in which information on your character, general reputation, personal characteristics, or mode of living is obtained through personal interviews with your prior employers, neighbors, friends, or associates, or with others who may have knowledge concerning any such items of information. In the event an investigative consumer report is requested about you, you are entitled to additional disclosures regarding the nature and scope of the investigation requested, as well as a written summary of your rights under the Fair Credit Reporting Act (“FCRA”).

Under the FCRA, before the Company can obtain a consumer report or investigative consumer report about you for employment purposes, we must have your written authorization. Before we take adverse action on the basis, in whole or in part, of information in that report, you will be provided a copy of that report, the name, and contact information of the consumer reporting agency, and a summary of your rights under the FCRA.



**Check this box, if you are applying for work with a California, Minnesota or Oklahoma based employer, and would like a copy of your Consumer Report, if one is prepared in the investigation of your background. CA Codes 1785.20.5 & 1786.16(a)(5)(b)(1), Minnesota Code 13C Sub-division 2 and Oklahoma Code 24 O.S. 148**



## AUTHORIZATION

I have read and understand the foregoing Disclosure, and authorize the Company to obtain and rely upon consumer reports or investigative consumer reports in considering me for employment and, throughout my employment, in considering me for subsequent promotion, assignment, reassignment, retention, or discipline. By my signature below, I authorize the Company to obtain any such reports and to share the information received with any person involved in the employment decision about me.

I do \_\_\_\_\_ do not \_\_\_\_\_ authorize you to contact *my current* employer for Employment and Reference Verifications

(This will authorize immediate inquiries to the Human Resources Department and to any listed supervisors or references in the Employment/Reference Section of your application.)

I also agree that this Disclosure and Authorization in original, faxed, photocopied, or electronic (including electronically signed) form will be valid for any consumer reports or investigative consumer reports that may be requested about me by or on behalf of the Company.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent or Legal Guardian Signature  
(for searches conducted on minors under  
The age of 18)

\_\_\_\_\_  
Date

**Personal Data (name as it appears on your ID)**

_____	_____	_____
Last Name	First Name	Middle Name
_____		_____
Current Address		Dates Lived Here
Addresses for the Past Seven (7) Years: (include street, city, state, zip codes)		Dates of Residence:
_____		_____
_____		_____
_____		_____
_____	_____	_____
Date of Birth	Other Names Used (including maiden name)	Years Used
_____	_____	_____
Social Security Number	Driver's License #	State

**\*\* Email address MUST HAVE \*\* (Used for official correspondence)**

I have the right to make a request to **Elite Investigations**, upon proper identification, to request the nature and substance of all information in its files on me at the time of my request, including sources of information, and the recipients of any reports on me which **Elite Investigations** has previously furnished within the two year period preceding my request.

Elite Investigations  
6885 Mesa Ridge Parkway Suite. 199  
Fountain, CO. 80817  
E-mail: [info@coeliteinvestigations.com](mailto:info@coeliteinvestigations.com)  
Toll Free: (800) 817-1799

I certify that all elements of the personal data I have provided are true, accurate and complete. I understand and agree that any omission, false statement, misleading statement, or answer made by me on my application or any supplements to it and in any interviews will be sufficient grounds for rejection of employment and my discharge after employment.

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Applicant Signature