Today's Date :

International Institute of Los Angeles

VOLUNTEER APPLICATION

CONTACT INFORMATION

Name:

Street Address:

City: State: Zip:

Phone number: Alternate Phone Number:

Email address:

Alternate email address:

Are you a student? Yes No

If so, is volunteer work required for school? Yes No

If yes, how many hours are required?

EMPLOYMENT HISTORY

Current Employer: From: To:

Location:

Previous Employer: From: To:

Location:

Previous Employer: From: To:

Location:

Previous Employer: From: To:

Location:

PREVIOUS VOLUNTEER EXPERIENCE

From: To:

Additional Previous Volunteer Service:

From: To:

Please enter the times you are typically available to volunteer on each of the days below:

MON TUES WED THU

FRI SAT SUN

How did you hear about IILA? Friend/Family/Colleague Social Media Another Organization

Event Newspaper/Radio/TV Internet Search Other:

Why do you want to volunteer with us?

EDUCATIONAL HISTORY

High School: Yes No Name: City, State:

College: Yes No Name: City, State:

Graduate? Yes No

Other (please explain):

REFERENCES (Please provide at least one professional reference and two personal references.)

1. Name: _____ Years Known: _____

Relationship: _____ Phone Number(s): _____

2. Name: _____ Years Known: _____

Relationship: _____ Phone Number(s): _____

1. Name: _____ Years Known: _____

Relationship: _____ Phone Number(s): _____

Can you speak a language other than English? Yes ☐ No ☐

If yes, which language(s) and how would you rate your fluency?

	BEG	INT	ADV	FLUENT		BEG	INT	ADV	FLUENT
	☐	☐	☐	☐		☐	☐	☐	☐
	☐	☐	☐	☐		☐	☐	☐	☐
	☐	☐	☐	☐		☐	☐	☐	☐

Have you ever been convicted of a felony? Yes ☐ No ☐

If yes, please explain: _____

International Institute of Los Angeles

Notification and Agreement

(Please read before signing.)

I CERTIFY THAT ALL ANSWERS GIVEN BY ME ARE TRUE, ACCURATE AND COMPLETE, I UNDERSTAND THAT THE FALSIFICATION, MISREPRESENTATION OR OMISSION OF FACT ON THIS APPLICATION (OR ANY OTHER ACCOMPANYING OR REQUIRED DOCUMENTS) WILL BE CAUSE FOR DENIAL OF VOLUNTEER OPPORTUNITIES, OR DISMISSAL FROM VOLUNTEER WORK REGARDLESS OF WHEN OR H0W DISCOVERED.

I acknowledge that I have read and understand the above statements and hereby grant permission to confirm the information supplied by me on this volunteer application.

Print Name

Signature

Date

INTERNATIONAL INSTITUTE
OF LOS ANGELES

STATEMENT OF CONFIDENTIALITY

In order to effectively serve all of our clients, all volunteers and temporary employees working at the International Institute of Los Angeles shall maintain **STRICT CONFIDENTIALITY** with respect to all information about clients including, but not limited to: names, addresses, telephone numbers, records/communication and documents.

In addition, no volunteer shall use any agency asset, resources or any confidential and privileged or inside information with respect to the agency for the personal or financial gain of the volunteer or any other person or interest other than those of the Institute.

Breach of confidentiality is a violation of the law which can lead to civil and criminal liability. It is also a violation of ethical conduct which can cause decertification, and loss of license, as well as disciplinary action within the Institute, which may include termination.

I understand that as an volunteer of the International Institute of Los Angeles, I may have access to confidential and proprietary information. I agree that all confidential information is the sole property of the Institute, and I will maintain all confidential information in strict confidence and not disclose or use it without proper authorization.

NAME: _____

SIGNATURE: _____

DATE: _____

DISCLOSURE AND AUTHORIZATION
FOR CONSUMER REPORTS

In connection with my application for employment (including contract or volunteer services), I understand consumer reports will be requested by you International Institute of Los Angeles ("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, 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, past or current neighbors and associates of mine, etc.) to gather information regarding my work, character, general reputation and personal characteristics, and mode of living (lifestyle) may be obtained.

If I am hired, I understand that my employer can use this disclosure and authorization to continue to obtain such consumer reports throughout my employment, 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, 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: **Americhek Incorporated, 27001 La Paz Road, Ste 300-A, Mission Viejo, CA. 92691 : 888-624-7412**, ("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: **www.americhek.com**.

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 Company receives on me at the time the report is provided to Company. By checking the following box, I request a copy of all such reports be sent to me. **Check here:** ☐

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. (PTZ) 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 5th Ave, Ste. 2000, Seattle, Washington 98104-3188, (206) 464-7744.

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

Printed Name: _____

Signature: _____

Date: _____

For identification purposes:

Social Security No.: _____; Date of Birth: _____.

Drivers License No.: _____; State of Issue: _____.

Current Address:_____City:_____

State: _____ Zip: _____ Phone: _____

Email Address: _____

INTERNATIONAL INSTITUTE OF LOS ANGELES

EMERGENCY AND IDENTIFICATION INFORMATION
To be filled out by volunteer

I. Name (last name first): _____

Address: _____

City, Zip Code: _____

Phone (with area code): _____

II. List three persons who may be called in emergency

Name	Address	Day Time Phone	Relationship

III. Physician to be called in Emergency

Name _____ Telephone _____

Address _____

If physician cannot be reached, what action should be taken? _____

_____

_____

IV. Medical Insurance _____ Insurance Number _____

V. Allergies or other medical limitations _____

_____

_____

_____ _____

Signature Date

International Institute of Los Angeles

(This page is to be detached and included in the employee's personnel file.)

In the event of an earthquake, telephone lines in California will likely be jammed. Arrange an out-of-state or out-of-country contact for you family. Long distance phone service will probably be restored sooner than local service.

Out-of-State Contact:

Name: _____

Phone Number: _____

I have received and read the International Institute of Los Angeles Safety Procedures.

_____ _____

Volunteer's Signature Date

_____

Volunteer's Name (Please Print)