



## VOLUNTEER REGISTRATION FORM

30 Gillies Road, Hamden, CT 06517 203-230-8994

Website: [www.carenewhaven.org](http://www.carenewhaven.org)

Email: [jferrall@carenewhaven.org](mailto:jferrall@carenewhaven.org)

Date \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

Zip \_\_\_\_\_

How many years at this address? \_\_\_\_

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

E-mail \_\_\_\_\_

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

Social security number (required for background check) \_\_\_\_\_

Driver's license number and state \_\_\_\_\_ Expiration date of license \_\_\_\_\_

Congregation/Community Group (if applicable)  
\_\_\_\_\_

Occupation (Circle one: Past or present) \_\_\_\_\_

Current Employer/ School \_\_\_\_\_

Previous Volunteer Experience \_\_\_\_\_

Education \_\_\_\_\_

Hobbies? Special Skills? Interests? \_\_\_\_\_

How did you hear of IVCG? \_\_\_\_\_

Area of interest:

Medical rides \_\_ Visiting \_\_\_\_\_ Yard work (seasonal) \_\_\_\_ Snow shoveling \_\_

I understand that if I use my personal automobile in my volunteer service, I will provide IVCG with a copy of my automobile liability insurance and driver's license. These serve as registration in IVCG's insurance for volunteer drivers. IVCG carries additional volunteer's insurance through CIMA that provides added protection. See [cimaworld.com](http://cimaworld.com) for more information.

\_\_\_\_\_

Signature

Emergency Contact: \_\_\_\_\_  
Name (relationship)

Emergency Contact Phone: \_\_\_\_\_ Email \_\_\_\_\_

DISCLOSURE REGARDING BACKGROUND CHECK

INTERFAITH VOLUNTEER CARE GIVERS OF GREATER NEW HAVEN INC. ("the Company") may obtain information about you from a third party consumer reporting agency for the purposes of verifying your application to serve as a volunteer. Thus, you may be the subject of a "consumer report" which may include information about your character, general reputation, personal characteristics, and/or mode of living. These reports may contain information regarding your criminal history, social security verification, and motor vehicle records ("driving records").

You have the right, upon written request made within a reasonable time, to request whether a consumer report has been run about you and to request a copy of your report. These searches will be conducted by IntelliCorp, 3000 Auburn Drive, Suite 410, Beachwood, Ohio 44122; Tel. No. 1.888.946.8355; [www.intellicorp.net](http://www.intellicorp.net).

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

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

ACKNOWLEDGMENT AND AUTHORIZATION FOR BACKGROUND CHECK

I acknowledge receipt of the separate stand alone Disclosure and certify that I have read and understand it and this authorization. I hereby authorize the obtaining of "consumer reports" and/or "investigative consumer reports" by INTERFAITH VOLUNTEER CARE GIVERS OF GREATER NEW HAVEN INC. at any time after receipt of this authorization and throughout my employment, if applicable. To this end, I hereby authorize, without reservation, any law enforcement agency, administrator, state or federal agency, institution, school or university (public or private), information service bureau, employer, or insurance company to furnish any and all background information requested by IntelliCorp Records, Inc., 3000 Auburn Drive, Suite 410, Beachwood, Ohio 44122; Tel. No. 1.888.946.8355; [www.intellicorp.net](http://www.intellicorp.net).

I do \_\_\_\_\_ do not \_\_\_\_\_ authorize you to contact, through IntelliCorp Records, Inc., *my current* employer for Employment and Reference Verifications. *(Checking "I do" will authorize inquiries to the Human Resources Department and to any listed supervisors.)*

I also consent to have any legally required notices sent electronically.

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

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date