



3067 N. Montana Ave., Helena, MT 59604 Phone: 406-442-0780 Goodsamhelena.org

Volunteer Application

Welcome!

Thank you for thinking of Good Samaritan Ministries in your pursuit of volunteer work!

Next Steps:

- Volunteer application – attached
- Background check application – attached
- Virtus Training- a 45-minute video course on maintaining a safe environment for children and vulnerable adults.
- Review and sign Safe Environment Policy & Volunteer Handbook
- Sign up for volunteer hours.

We appreciate your willingness to serve our community with us! If you have any questions, please feel free to ask.

With Gratitude,

Good Samaritan Ministries Staff



Volunteer Application

Name: _____

Date Of Birth: _____ Must be 16 years of age to work independently

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

Email: _____

Please Mark/Circle Your Areas Of Interest:

Thrift Store	Our Place	Street Outreach
☐ Organizing/Cleaning	☐ Cleaning	☐ Prep/Distribute Supplies
☐ Incoming Donations	☐ Organizing Supplies	☐ Encampment Cleanups
☐ Office Support	☐ Office Support	☐ Paperwork w/ clients
☐ Clothing	☐ Sobriety Meetings	
☐ Merchandising	☐ Teaching Life Skills	

What made you interested in volunteering for Good Samaritan? _____

What would you like to learn from your volunteering experience: _____

Availability

Days	Times	Comments:
☐ Monday	☐ 9am-1230pm	
☐ Tuesday	☐ 1230pm-4pm	
☐ Wednesday	☐ 4pm-7pm	
☐ Thursday	☐ Other:	
☐ Friday		
☐ Saturday		

Emergency Contact: _____ Phone: _____

Have you ever applied for or served as a volunteer or employee to any parish, school, or institution within the Diocese of Helena?

☐

Yes

☐

No

If Yes, which location(s): _____

When: _____

Are you current on the Safe Environment Training, also called Virtus?

☐

Yes

☐

No

Good Samaritan Volunteer Background Check Addendum

Have you ever had your volunteer services or employment terminated by any parish, school, or institution? ☐ Yes ☐ No

Have you ever pled “guilty” or “no contest” to, or been convicted of a crime?

☐ Yes ☐ No

(Answering “yes” does not constitute an automatic bar to volunteering. Factors such as date of the offense, seriousness, and nature of the violation, rehabilitation, and position applied for will be taken into consideration.)

If yes, please provide details below:

[illegible]

Please read the following carefully before signing this application:

I certify that I have and will answer all questions to the best of my ability and that I have not and will not withhold any information that would favorable affect my application for a volunteer position.

I understand that information contained on my application will be verified by Good Samaritan Ministries.

I understand that misrepresentations may be cause for my immediate rejection as an applicant for a volunteer position with Good Samaritan Ministries.

Print Name

Date

Signature

OFFICE USE ONLY

Application Turned In: _____

Background Check Submitted: _____

Background Check Received: _____

Orientation: _____

DISCLOSURE AND AUTHORIZATION

In connection with my application for employment (including contract for services or volunteer services) or tenancy with _____. These consumer reports (investigative consumer reports in California) may include the following types of information: names and dates of previous employers, salary, work experience, education, accidents, licensure, credit (except California), 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, criminal records, etc., from federal, state and other agencies which maintain such records.

In addition, investigative consumer reports as defined by the federal Fair Credit Reporting Act, gathered from personal interviews with former employers and other past or current associates of mine to gather information regarding my work performance, character, general reputation and personal characteristics may be obtained.

I AUTHORIZE, WITHOUT RESERVATION, ANY PARTY OR AGENCY CONTACTED BY THE CONSUMER REPORTING AGENCY TO FURNISH THE ABOVE-MENTIONED INFORMATION.

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 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 our behalf, will provide a complete and accurate disclosure of the nature and scope of the investigation covered by the investigative consumer report(s); and the recipients of any 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 your obtaining the above information from the agency. You may view their privacy policy at their website: www.americanchecked.com.

I hereby authorize procurement of consumer report(s) and investigative consumer report(s). If hired (or contracted), this authorization shall remain on file and shall serve as ongoing authorization for you to procure consumer reports at any time during my employment (or contract) period.

☐ California, Minnesota and Oklahoma Applicants only: Check box if you request a copy of any consumer report ordered on you.

Notice to California Applicants:

You 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 your file for your review. You may obtain such information as follows: 1) In person at the Agency's offices, which address is listed above. You can have someone accompany you to the Agency's offices. Agency may require this third party to present reasonable identification. You may be required at the time of such visit to sign an authorization for Agency to disclose to or discuss your information with this third party; 2) By certified mail, if you have previously provided identification in a written request that your file be sent to you or to a third party identified by you; 3) By telephone, if you have previously provided proper identification in writing to Agency; and 4) Agency has trained personnel to explain any information in your file to you and if the file contains any information that is coded, such will be explained to you.

Notice to New York Applicants:

For consumers applying for work in New York: I acknowledge receiving a copy of Article 23-A of the New York Correction Law _____.
(Initials)

I acknowledge that I have been provided a copy of consumer's rights under the Fair Credit Reporting Act.

Print Name

Social Security No.

Applicant's Signature

Date of Birth

Date

Any other names used

For purposes of gathering this information, I agree to supply the following information, which may be required by law enforcement agencies and other entities for positive identification purposes when checking records. It is confidential and will not be used for any other purpose.

Current Address: _____

Prior Addresses:

State _____ City/County _____ From _____ to _____

State _____ City/County _____ From _____ to _____

State _____ City/County _____ From _____ to _____

State _____ City/County _____ From _____ to _____

Current Driver's License No. _____ State Issuing License: _____

Email Address (if you wish to be contacted this way): _____

Phone Number: _____

Position for which you are applying is: _____

May we contact your current employer? ☐ Yes ☐ No ☐ N/A