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

GROUP VOLUNTEER APPLICATION

Welcome!

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

If you have a group that wants to volunteer, you'll need a designated leader (or leaders). The leader(s) will be onboarded as a regular volunteer(s).

Groups of youth volunteers (under 18) need 1 adult leader for every 5 youth.

Next Steps for group leaders:

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

If you need more Background Check Applications, please email: volunteer@goodsamministries.org

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

Group Volunteer Application

Date: _____

Name of Organization/Club/Church: _____

Name:_____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ E-mail Address: _____

How did you hear about Good Samaritan?_____

_____

_____

The following are some of the many possible volunteer tasks. Please check those that may interest you.

Thrift Store

- ☐ Organizing and cleaning store shelves
- ☐ Sorting and Hanging Clothing
- ☐ Sorting donations (requires some heavy lifting)
- ☐ Remodeling Projects
- ☐ Outdoor Projects
- ☐ Assisting Cashiers with bagging

Our Place/Street Outreach: Groups as needed

Max group of 5

- ☐ Cleaning
- ☐ Organizing Supplies
- ☐ Teaching Life Skills
- ☐ Encampment Cleanup

_____ _____

Applicant's Signature Date

_____ _____

Volunteer Coordinator Signature Date

Updated 11.11.26

Please add the names of all people who will be volunteering in your group:

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