

Volunteer Application

Northwest Youth & Family Services (NYFS) invites you to become involved with our program services or special events. We will help you make your volunteer experience with NYFS very rewarding and productive for both of us.

Volunteer position applying for: _____

Name: _____

Address: _____ City: _____

State: _____ Zip: _____ Are you 18 years or older? Yes No

Phone #'s (h): _____ (w): _____ (c): _____

Place of Employment: _____

Position: _____ Years of Service: _____

References: (Please, no more than one family member)

Name: _____ phone: _____

Name: _____ phone: _____

How did you learn about Northwest Youth & Family Services? _____

Are you required to complete volunteer/community service hours? Yes No

If yes, for what purpose? _____

Previous volunteer experience:

Name of Organization	Phone	Dates	Position

Name of Organization	Phone	Dates	Position

Name of Organization	Phone	Dates	Position

What is your level of education? (Please be specific)

School/institution	Dates	Degree(s)
School/institution	Dates	Degree(s)
School/institution	Dates	Degree(s)

Employment experience (please describe briefly):

Please list any additional skills, experiences or qualifications you could utilize as a volunteer (e.g. graphic arts training, childcare, fundraising, and computer software applications):

Please describe some of your hobbies, or interests: _____

Why do you want to volunteer at NYFS? _____

Please check some of your area of interest for volunteering:

- | | |
|--|---|
| <input type="checkbox"/> Working directly with youth | <input type="checkbox"/> Sharing professional skills |
| <input type="checkbox"/> Working directly with seniors | <input type="checkbox"/> Training and/or mentoring |
| <input type="checkbox"/> Clerical | <input type="checkbox"/> Special Events |
| <input type="checkbox"/> Educational internship | <input type="checkbox"/> Other (Please specify) _____ |

Some Volunteer positions require the use of a personal vehicle to drive while volunteering for NYFS. NYFS would reimbursement for mileage. Are you able and/or willing to drive your own vehicle for NYFS? Yes No

If you answered no, please explain.

What days & times would you be available to volunteer?

(Please circle day & time)

Monday	Tuesday	Wednesday	Thursday	Friday
A.M.	A.M.	A.M.	A.M.	A.M.
P.M.	P.M.	P.M.	P.M.	P.M.
Evenings	Evenings	Evenings	Evenings	Evenings
Total Hrs: _____	Total Hrs: _____	Total Hrs: _____	Total Hrs: _____	Total Hrs: _____

Total hours per week: _____

Name & phone number of person to contact in case of emergency:

Name	Relationship	(Phone Number)
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Name	Relationship	(Phone Number)
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Signature: _____ Date: _____

AFFIRMATIVE ACTION STATEMENT

This is to affirm Northwest Youth & Family Services (NYFS) policy of providing Equal Opportunity to all employees and applicants for employment in accordance with all applicable Equal Employment Opportunity/Affirmative Action laws, directives and regulations of Federal, State and Local governing bodies or agencies thereof.

NYFS will not discriminate against or harass any employee or applicant for employment because of race, color, creed, religion, national origin, sex, sexual orientation, disability, age, marital status, membership or activity in a local human rights commission, or status with regard to public assistance.

We will take Affirmative Action to ensure that all employment practices are free of such discrimination. Such employment practices include, but are not limited to, the following: hiring, upgrading, demotion, transfer, recruitment or recruitment advertising, selection, layoff, disciplinary action, termination, rates of pay or other forms of compensation, and selection for training, including apprenticeship. We will provide reasonable accommodation to applicants and employees with disabilities.

NYFS will evaluate the performance of its management and supervisory personnel on the basis of their involvement in achieving these Affirmative Action objectives as well as other established criteria. In addition, all other employees are expected to perform their job responsibilities in a manner that supports equal employment opportunity for all.

I have appointed Ken Pazdernik, CFO to manage the Equal Employment Opportunity Program. This person's responsibilities will include monitoring all Equal Employment Opportunity activities and reporting the effectiveness of this Affirmative Action Program, as required by Federal, State and Local agencies. I will receive and review reports on the progress of the program. Any employee or applicant may inspect our Affirmative Action Program during normal business hours by contacting the EEO Coordinator.

If any employee or applicant for employment believes he or she has been treated in a way that violates this policy, they should contact either Ken Pazdernik at 3490 Lexington Avenue North, Shoreview, MN 55126 or any other representative of management, including me. Responsible parties will investigate allegations of discrimination or harassment as confidentially and promptly as possible, and we will take appropriate action in response to these investigations.

Jerry Hromatka,
President & CEO



Affirmative Action Information Form

As a government contractor, we support affirmative action programs. In compliance with government regulations, we are required to record the number of applications received by age and sex and to report these totals to the appropriate government agencies.

Please indicate your race or national origin, date of birth, and sex. This information will not be kept with your application and will be used only in accordance with the state and federal regulations.

DO NOT WRITE YOUR NAME ON THIS FORM.

You are not required to complete this form. Your application will be considered in the same manner whether this form is completed or not.

Position Applying for: _____

Date of Application/Interview: _____

Male Female

American Indian

Asian

Black/African American

Hispanic

Non-minority

Other (please specify) _____

Date of birth: _____

NON-DISCLOSURE AGREEMENT

For Employees Who Access Client Data

In your employment or volunteer association with Northwest Youth & Family Services (NYFS), your duties may require you to work with records containing private or confidential data/information or be given special access to work areas, computer files, or proprietary material. Law, policy, or agreements regarding disclosure both at work and outside of the office protect this data, access, or ownership. The following sections are intended to acquaint you with the nature of these restrictions and to confirm your understanding of these provisions. Your signature records your agreement to honor these requirements.

DATA PRIVACY AND CONFIDENTIALITY RESPONSIBILITIES

In the course of my employment or association with NYFS, I may be working with and acquire information about other persons from recipient eligibility files, claims for medical services, and other records which are private and /or confidential data. Under Minnesota law, data on mental health and diversion clients is private and may only be shared or disclosed as provided in the law. I will refer all inquiries to my supervisor unless I have clear written authority from my supervisor to provide any such information to anyone other than employees of NYFS who need such information to administer programs.

Minnesota Statutes, Section 13.01-13.90 provides for employee disciplinary action and criminal penalties for unlawful disclosure or sharing of private data. Disclosing data includes using information obtained in connection with my employment in any manner different from the scope of my specified duties.

I will not remove recipient/client or medical provider data from the premises except as is necessary to administer the program with which I am working, and only with my supervisor's permission.

PHYSICAL ACCESS

If I have possession of keys, badge, or other security devices by NYFS, I am authorized to use the device only in the course of my employment or association with NYFS. I understand that any keys or other security devices issued to me are for my use only and that I may not allow anyone else to use or duplicate them.

I will surrender any security devices to me immediately upon separation from employment or association with NYFS.

I will notify my supervisor when I lose any security device or have reason to believe that any security device or method has been improperly used.

STATEMENT OF UNDERSTANDING

I hereby acknowledge that I have read and understand the conditions stated above and will comply with these conditions. I further understand that violation of the conditions shall make me subject to disciplinary action by my employer as well as prosecution under the provisions of Minnesota Statutes, Section 13.01-13.90 and MSA 290.61 relating to data privacy.

Employee or Associate

Date



Disclosure and Release Form for the FAIR CREDIT REPORTING ACT

Disclosure of Intent to Obtain Consumer Reports or Investigative Consumer Reports

For employment purposes, Northwest Youth & Family Services (NYFS) may obtain consumer reports, or investigative consumer reports, in connection with your employment application or from time to time during employment in accordance with applicable law. Consumer reports include record checks conducted by consumer reporting agencies and may include driving records, criminal records, credit records, etc. Investigative consumer reports include investigations (for example, reference checks) conducted by consumer reporting agencies through personal interviews on information as to character, general reputation, personal characteristics, or mode of living. A Summary of Consumer Rights is attached. A disclosure of the nature and scope of such investigation is provided below.

Disclosure of Nature and Scope of Investigation for Investigative Consumer Report

In the event we request an investigative consumer report in connection with your employment application, a consumer reporting agency will prepare an investigative consumer report based on the following investigation:

The agency will interview your former employers, business references, and/or personal references for information regarding prior employment, work experience and performance, reasons for employment termination, and information as to character, general reputation, personal characteristics, or mode of living.

The agency will also conduct a records check of driving, criminal, credit, education, degrees, professional licenses, and/or certification records depending on the position. Such a report, as well as any credit report, will be obtained from NYFS.

AUTHORIZATION

I authorize NYFS to obtain consumer reports and/or investigative consumer reports regarding me from time to time for employment purposes.

Signature: _____ Date: _____

Print Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Summary of Your FCRA Rights

Because your credit report contains private information about you, it is important that you know your [legal rights as a consumer](#). The Fair Credit Reporting Act (FCRA) and [state laws](#) restrict who has access to your sensitive credit information and what uses can be made of it.

Your Rights as a Consumer Include:

- Obtaining a copy of your [credit report](#) (for free, in certain circumstances).
- Knowing who has received a copy of your report or [inquired](#) about it.
- [Disputing inaccurate information](#).
- Having negative information on your report explained.
- "[Opting-Out](#)" to prevent credit agencies from using your information for marketing purposes.
- Contacting the appropriate [government agency](#) or [filing a lawsuit](#)

Information That Can Be Included in Your Credit Report:

- Your identifying information.
- Your employment/salary information.
- Credit information (applications for credit cards, payment history, etc.).
- Public record information.
- Late payments reported by utility companies, hospitals, landlords and others.
- Overdrawn accounts reported by banks.
- Late credit card, auto loan, mortgage payments reported by banks.
- Delinquent child support payments.
- Debts being collected by collection agencies.

Information that is Not Included:

- Your race
- Your religion
- Your current health or medical history
- Your driving record
- Your criminal record
- Your political preference
- Notice of bankruptcy (Chapter 11) that is more than 10 years old
- Debts that are more than 7 years old.

When you order a copy of your credit report from a credit reporting agency, it will include information about who has requested a copy of your report or inquired about your file in the last six months. [Inquiries](#) related to [pre-approved offers](#), as well as inquiries you make yourself, are not available to credit grantors, but are included in the credit reports you order for yourself.

Who Can Access Credit Reports?

Anyone with an FCRA permissible purpose, such as:

- Potential lenders
- Landlords
- Insurance companies
- Employers & potential employers (usually only with your written consent)
- Companies with which you have a credit account for account monitoring purposes

- Entities considering your application for a government license or benefit (if the agency must consider your financial status)
- A state or local child support enforcement agency
- Any government agency (name, address, former addresses, current & former employees)
- Someone to whom you have instructed the credit reporting agency to provide a credit report on you.

Correcting Errors

Both [state and federal laws](#) give you the right to dispute information in your credit file in order to have errors corrected. To do this:

- Notify the credit reporting agency (CRA) of your [dispute](#) (each CRA has a toll-free number for this purpose).
- The agency then contacts the source of the disputed information and must correct any errors.
- If disputed information on your report cannot be verified, it must be deleted.
- If you disagree with the result of the CRA's investigation, you have the right to submit a 100-word explanation and this explanation must be included in your credit file.
- Check your credit file periodically to see that information that has been removed has not been re-inserted (Deleted information may not be re-inserted into your file unless the agency takes steps to have the source of the information certify that it is complete and accurate).

Contact a credit bureau directly:

Experian National
P.O. Box 9595
Allen, TX 75013-0036 888-397-3742

Trans Union LLC
P.O. Box 1000
Chester, PA 19022 800-888-4213

Equifax
PO Box 740241
Atlanta, GA 30374 800-685-1111



CONSENT FORM FOR SCREENING INVESTIGATION & SPECIFIC RELEASE

I certify and declare under penalty of perjury under relevant state and federal law that the information contained in my employment or volunteer/internship application is complete, true, and accurate. I acknowledge that falsification or omission of information may result in immediate dismissal or retraction of any offer of employment, volunteering, or internship.

In consideration of Northwest Youth & Family Services' (NYFS) review of my application, I hereby voluntarily consent to and authorize NYFS, or its authorized agents bearing this release or copy thereof, to obtain a consumer report for employment purposes. I agree that this consumer report may include any of the following:

- Employment Verification, Education Verification, Credentials Verification
- Personal Identity Verifications, Past Employment Verification, Reference Checks
- Criminal Records, Motor Vehicle Records, and Credit Report.

I authorize all persons and organizations that may have information relevant to this research to disclose such information to NYFS or its authorized agents. I hereby release NYFS, its authorized agents, and all persons and organizations providing information from all claims and liabilities of any nature in connection with this research. I hereby further authorize that a photocopy of this authorization may be considered as valid as the original.

I understand that I have specific prescribed rights as a consumer under the federal Fair Credit Reporting Act (FCRA) and may have additional rights under relevant state law. I hereby certify that I have been presented with a summary of my rights as a consumer under the FCRA.

Printed Name

Signature of Applicant/Employee

Date

Date of birth

_____-_____-_____
Social Security number

Drivers license number # and State of issue



From:
Northwest Youth & Family Services
Human Resources
3490 Lexington Avenue North, Suite #205
Shoreview, MN 55126

To:
Minnesota Bureau of Criminal Apprehension
CJIS – Records
1430 Maryland Avenue East
St. Paul, MN 55106

(Please print clearly)

Last Name of Applicant: _____

First Name: _____ **Middle** (full): _____

Maiden, Alias or Former: _____

Date of Birth: _____ **Sex** (M or F): _____
(mm/dd/yyyy)

Social Security Number (Optional): _____

I authorize the Minnesota Bureau of Criminal Apprehension to disclose all criminal history record information to *Northwest Youth & Family Services* for the purpose of employment, volunteering or internship as _____ with this agency.
(position title)

The expiration of this authorization shall be for a period no longer than one year from the date of my signature.

Full Signature of Applicant (include middle initial)

Date signed

Nonprofit Organization
Agency # T514863808



*(Only need to complete this form if you will be driving clients and/or agency vans)
(Please attach a copy of your driver's license & current insurance)*

Driving Check Request and Release from Liability (Volunteers)

I understand that driving a Northwest Youth & Family Services (NYFS) vehicle requires me to have a satisfactory driving record. I agree to allow NYFS to check my driving record prior to driving clients and/or agency vans, and to check it annually thereafter. I further agree to report any license suspensions, serious accidents or offenses, or any other condition to my supervisor immediately that may affect my ability to drive agency vans or my own vehicle.

I understand that NYFS will not furnish this information to a third party without my written consent.

I agree to release NYFS, its employees, and those who supplied you with the information from any liability or damage which may result from furnishing the requested information, or my failure to be accepted for the volunteer position for which I am applying.

Print Name

Date of Birth

Driver's License Number

State of License

Signature

Date