

**THE SENIOR SOURCE - SENIOR CITIZENS OF GREATER DALLAS
VOLUNTEER GUARDIANSHIP & MONEY MANAGEMENT PROGRAM
CONFIDENTIAL**

Date Submitted:	
-----------------	--

I. PERSONAL INFORMATION

Name: (Last, First, Middle)		Ethnicity (optional):	
Other Names Used: (Maiden Name, Other Surnames, etc.)			
Complete Address:			
Telephone(s):	(Home)	(Work)	(Cell)
Fax:		Email Addr:	
Date of Birth:		Social Security #:	
Texas Driver's License #:		Do you have auto liability insurance? (Yes/No)	

How did you hear about the Volunteer Guardianship & Money Management Program?	
---	--

Which county(s) are you interested in volunteering? *(Check or indicate 'Yes' on all that apply)*

Guardianship		DALLAS		COLLIN		HUNT
		KAUFMAN		ROCKWALL		

Money Management:		DALLAS		DENTON		COLLIN
		ROCKWALL				

II. EDUCATION

Enter Name, City & State for each school listed	Dates	Main Courses of Study or Major	Graduated (Yes/No)	Degree
High School	From: To:			
College	From: To:			
College	From: To:			
Other	From: To:			

III. EMPLOYMENT HISTORY

Please provide the following information. **Begin with your most recent position and go back at least 10 years.** Attach additional sheet(s) if necessary.

Employer:				Position:	
Supervisor:		Phone #:		Email:	
Employed	From: To:		Reason for leaving		
Brief Job Description:					

Employer:				Position:	
Supervisor:		Phone #:		Email:	
Employed	From: To:		Reason for leaving		
Brief Job Description:					

Employer:				Position:	
Supervisor:		Phone #:		Email:	
Employed	From: To:		Reason for leaving		
Brief Job Description:					

Employer:				Position:	
Supervisor:		Phone #:		Email:	
Employed	From: To:		Reason for leaving		
Brief Job Description:					

IV. BONDING / CRIMINAL HISTORY INFORMATION

Have you ever been bonded?	Yes/No	If yes, in what capacity were you working?	
Was a claim ever made on the bond?	Yes/No	If yes, explain:	
Have you ever been refused a bond?	Yes/No	If yes, explain:	
Have you ever been arrested, charged or convicted of a crime other than a traffic violation?			Yes/No
If yes, describe location, charge(s) & outcome:			
Have you ever been a plaintiff or defendant in a civil lawsuit other than a divorce?			Yes/No
If Yes, state the capacity in which you were involved, the nature of the lawsuit and the outcome:			
Do you have a professional license or certification? Type?			
If Yes, have you ever been disciplined by the licensing agency?			

V. VOLUNTEER EXPERIENCE:

--

VI. SPECIAL SKILLS / QUALIFICATIONS: (Languages spoken, Technical skills, etc.)

--

VII. REFERENCES (Do not include family members or former employers)

Name:		Relationship:	
Complete Address:			
Telephone #(s):		Email address:	

Name:		Relationship:	
Complete Address:			
Telephone #(s):		Email address:	

Name:		Relationship:	
Complete Address:			
Telephone #(s):		Email address:	

I hereby affirm that my answers to the foregoing questions are true and correct and that I have not knowingly withheld any fact or circumstance that would, if disclosed, affect my application unfavorably. I understand that any false information submitted in this application may result in my discharge.

Name (Print): _____ Signature: _____

IMPORTANT:

ENCLOSE COPIES OF THE FOLLOWING REQUIRED DOCUMENTS WITH THE COMPLETED APPLICATION. We will be happy to copy documents for you if you desire. Please call if we can assist you (214-823-5700, EXT. 239).

- 1. A copy of your current DRIVER’S LICENSE.**
- 2. A copy of your current AUTOMOBILE LIABILITY INSURANCE CARD.**
- 3. A copy of your BIRTH CERTIFICATE or PASSPORT.**
- 4. A copy of your SOCIAL SECURITY CARD or Military ID that contains your SS#.**

*A \$10.00 donation would be appreciated to help cover the cost of running the background check.
Thank you!*



BACKGROUND VERIFICATION CONSENT/RELEASE/INDEMNITY

APPLICANT INFORMATION (please print clearly in blue or black ink):

Applicant Full Name (Last, First, MI)		Maiden or Other Name(s) Used*	
Current Address			
City	State	Zip Code	County
Social Security Number	Date of Birth	Driver's License Number	State Issued
Position Applied For:			
Gender <input type="checkbox"/> Male <input type="checkbox"/> Female		Race <input type="checkbox"/> African American <input type="checkbox"/> American Indian <input type="checkbox"/> Anglo <input type="checkbox"/> Asian <input type="checkbox"/> Hispanic <input type="checkbox"/> Other	
Please List Any Pending Criminal Charges:			

** More space is available on the next page*

I hereby certify that all information I have provided on this form is true and correct. I give my permission to The Senior Source, Senior Citizens of Greater Dallas to further obtain information relating to my criminal history record and social security number trace, sex offender status, and/or driver's record through the Volunteer Center of North Texas's VeriFYI and/or the Texas Department of Aging and Disability Services and/or the Texas Department of Public Safety and/or other service providers.

The criminal history record, as received from the reporting agencies, may include arrest and conviction data as well as plea bargains and deferred adjudications and delinquent conduct committed as a juvenile. I understand that this information will be used, in part, to determine my eligibility for an employment/volunteer position with this organization. I also understand that as long as I remain an employee or volunteer here, the criminal history records check may be repeated at any time through any source listed above. I understand that I will have an opportunity to review the criminal history as received by The Senior Source, Senior Citizens of Greater Dallas and a procedure is available for clarification, if I dispute the record as received. I also understand that the criminal history could contain information presumed to be expunged.



I, the undersigned, do, for myself, my heirs, executors and administrators, hereby release and forever discharge and agree to indemnify The Senior Source, Volunteer Center of North Texas, VeriFYI, Texas Department of Aging and Disability Services, Texas Department of Public Safety, or other service providers and each of their subsidiaries, affiliates, officers, directors, employees, and agents and hold them harmless from and against any and all causes of actions, suits, liabilities, costs, debts and sums of money, claims, and demands whatsoever (including claims for negligence, gross negligence, and/or strict liability of any of the above) and any and all related attorneys' fees, court costs and other additional expenses resulting from any request for information or records pursuant to this authorization, procurement of an investigative consumer report, and/or the investigation of my background, in connection with my application to become an employee/volunteer. I understand that it may contain information about my character, general reputation, personal characteristics, and mode of living, whichever are applicable.

I understand that I have the right to make written request within a reasonable period of time to the appropriate service provider for additional information concerning the nature and scope of the investigation. I acknowledge that I have voluntarily provided the above information for employment/volunteer purposes, and I have carefully read and understand this authorization.

Applicant's Signature

Date

Below, please list any other names used but not provided in the box on the previous page (including but not limited to maiden name):

Please include a copy of each of the following with this signed release:

- (1) **your state-issued identification card or driver's license and**
- (2) **your birth certificate, baptism record, social security card, census document, or passport.**

Internal use only below this line

I certify that I have examined the state-issued identification card or driver's license of this applicant and verify that the information from that card is correctly reflected on the previous page.

The Senior Source staff person's signature

Date

