

Foreign Language Proficiency (please indicate language(s))

Specify Language: _____ Read Write Speak
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WORK EXPERIENCE

Are you currently employed? Yes No If yes, please complete the following section.

Employer: _____

Position: _____

Phone: _____ Length of Employment: _____ Year(s) _____ Month(s)

MORE ABOUT YOU

Please list any special skills or experience (i.e. typing, computer skills, etc.)

REFERENCES (Please list three references (excluding relatives and no more than one form employer) that can best describe your skills and character.)

1 Full Name: _____
Phone Number: _____
Email Address: _____

2 Full Name: _____
Phone Number: _____
Email Address: _____

3 Full Name: _____
Phone Number: _____
Email Address: _____

RESIDENCES (List previous residences for the past seven years)

City:	State:	County:	Dates:

SUPPLEMENTAL QUESTIONS

(Answering yes to these questions will not automatically exclude you from volunteering unless applicable laws require such action.)

Are you presently abusing or using any illegal drugs? Yes No

Have you ever been convicted of, pleaded guilty or no contest to, placed on probation for, given probation, given community supervision, or are you under charges for any criminal offense? Yes No

Are you a US citizen or lawful permanent resident? Yes No

The following lines are for any explanations or details that you would like to include for "Yes" answers above.

INTERESTS

Please let us know which programs/services you are interested in by ranking your volunteer preferences and checking further areas of interest.

- Office Assistant (scheduling, letter preparation, mailing, data entry, etc.)
- File Clerk (file preparation, general filing, etc.)
- Hospitality/Greeter (greet clients, prepare coffee/hot beverages, etc.)
- Language Interpretation (during client meetings/appointments)
- Document Translation (assist with the translation of case documents, forms, and other papers needed)
- Legal Support (degree, certification and/or accredited required; please attach copies)
- Other: _____

AVAILABILITY

Indicate the day(s) and time(s) you are available:

	Monday	Tuesday	Wednesday	Thursday	Friday
Morning (8-12pm)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Afternoon (12-4pm)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Evening (4-9pm)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

ACKNOWLEDGEMENT

The information contained in this application is true and correct to the best of my knowledge. I understand and authorize any references, or any other person or organization, whether or not identified in this application, to give any information (including opinions) regarding my character and fitness for volunteering, unless I have communicated that they not be contacted.

I HAVE CAREFULLY READ THIS ACKNOWLEDGEMENT AND KNOW THE CONTENTS. I SIGN THIS ACKNOWLEDGEMENT AS MY OWN FREE ACT.

PRINTED NAME

SIGNATURE

DATE

PLEASE RETURN ALL COMPLETED PAGES OF THIS APPLICATION TO THE ESPERANZA LEGAL ASSISTANCE CENTER.



and **Immigrant Connection at Heritage Church**

CONFIDENTIALITY AGREEMENT

I, _____, agree with the following statements:

It is understood and I agree to this policy that all information I see and hear is of a confidential nature and must not be disclosed. I pledge to keep all information confidential. To ensure the protection of such information and to preserve confidentiality as necessary under law, I agree to the following:

- Confidential information includes, but is not limited to, personal information, legal documents, contact information, etc.
- I agree not to disclose any confidential information obtained to anyone unless required to do so by law.
- This includes my time actively working with **Esperanza Legal Assistance Center/Immigrant Connection at Heritage Church** as well as after my time of active services with **Esperanza Legal Assistance Center/Immigrant Connection at Heritage Church**.
- I agree to never remove any confidential material of any kind from the premises of **Esperanza Legal Assistance Center/Immigrant Connection at Heritage Church** unless authorized by Director to do so as part of my duties.
- I will disclose information to the BIA Representatives and Director as a requirement of my role at **Esperanza Legal Assistance Center/Immigrant Connection at Heritage Church**.

I hereby undertake to keep in strict confidence any information regarding any client, employee, or business of Esperanza Legal Assistance Center/Immigrant Connection at Heritage Church or any other organization that comes to my attention while at Esperanza Legal Assistance Center/Immigrant Connection at Heritage Church. I will do this in accordance with the Esperanza Legal Assistance Center/Immigrant Connection at Heritage Church’s privacy policy and applicable laws, including those that require mandatory reporting.

Printed Staff/ Volunteer Full Legal Name

Date

Signature of Staff/Volunteer Name

Witness

Date



BACKGROUND CHECK RELEASE FORM (rev. 11/14)

The purpose of this release form is to obtain permission and notify you, the volunteer/employee, that an investigation report will be conducted on a recurring basis during your service as a volunteer/employee with Heritage Church. The rechecks may occur on an annual basis and may include some or all of the following searches: criminal record, driving record, sex offender, education, employment, reference and credit (only if processing cash).

In connection with this request, I hereby authorize all corporations, employers, education institutions, law enforcement agencies, city, state, county, and federal courts, military services, and person to release information that they may have about my background history to the company that this form has been filed or their agent, Clear Investigative Advantage LLC. I consent to a background investigation and release the aforesaid parties from any liability and responsibility for obtaining my, the volunteer, background history.

Please read and sign this release to acknowledge that you, the volunteer/employee, understand and give permission to Clear Investigative Advantage LLC and the company below to access your background history for volunteering purposes. *Heritage keeps hard copies of this information under double lock and key.*

PLEASE PRINT CLEARLY

CLIENT

Heritage Church
4801 44th St.
Rock Island, IL 61201

VOLUNTEER/EMPLOYEE

Last Name: _____ First Name: _____ Middle Name: _____

Maiden Name or Aliases Used: _____

Social Security Number: _____ DOB*: _____

Driver License Number: _____ State: _____

Current Street Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number (_____) _____ - _____ E-mail _____

*Date of birth/SSN are required solely for the purpose of verifying background information and insuring the accuracy in the search of public records. They will not be used for any other purpose.

VOLUNTEER/EMPLOYEE SIGNATURE: _____

DATE: _____

