



Hello Volunteer Applicant,

Thank you for your interest to become a Newhouse volunteer!

We are always looking for enthusiastic people who are seeking a great place to volunteer. Volunteers add so much to our program, and contribute a great part in the success of our agency. If you can commit to a few hours per week or month, to assist in our mission; Newhouse might be the place for you to serve. A few areas of opportunities include individual and group projects, serving on a sub-event committee, answering hotline calls, and participating as a Speakers Bureau Representative.

To begin the process, the following is required:

- Volunteer Application
- National Background Check
- Payment of \$10.00 for the background check

These applications, along with the instructions needed to complete the background check, can be found on our website www.newhouseshelter.org. located under the "How to Help" tab.

Once you have completed this portion of the process, you may submit your forms via email, or postal mail. Email to communityeng@newhouseshelter.org or you may mail directly to PO Box 240019, Kansas City, MO. 64124. After all is received, you will be contacted. If you have any questions, please feel free to email or call.

Thank you for your time,

Cicelynn Elix
Community Engagement Coordinator
816-462-0503



Volunteer Application

First Name M.I. Last Name Date of Birth

Street Address City State Zip

Email Address

Home Phone Number Cell Phone Number Emergency Contact & Number

Are you currently receiving NEWHOUSE services, or have you received services within the past two years? Yes No

Present Employer:

Name: _____ Occupation/Title: _____

Address: _____ Phone: _____

E-mail: _____

Previous Volunteer/Mentoring/Coaching Experience: _____

High School or College Education

Diploma Associates Bachelors Masters PhD Other

Community Affiliations/Club: _____

Are you needing required service hours? Yes No

If yes, check one: Student hours Internship Practicum Community service

Number of hours required? _____ Hours to be completed by(date): _____

Bilingual? Yes No If yes, what languages? _____

Have you ever been impacted by an incident of abuse? Yes No If yes, please explain how it affected you _____

Please check your preferences:

1 shift every week 2 shifts every month 1 shift every month
 Mornings (9 am-1pm) Afternoons (1-5 pm) Evenings (5-9 pm)

Please check days preferred:

Monday Tuesday Wednesday Thursday Friday Saturday Sunday Events

continue

Volunteer orientation/training is (required) prior to volunteering at our agency. Is there any reason you cannot attend orientation?

Please check all areas that interest you:

- Front Office/Administrative Volunteer
- Children's Program Volunteer
- Kitchen Support Volunteer
- Shelter Advocate Volunteer
- Shelter and Grounds Maintenance
- Special Events Volunteer

Other ways you would like to help Newhouse:

- Event Volunteer
- Event Sponsor
- Financial Donation
- Host an Outside Event
- In-Kind Donation
- Speaker's Bureau Volunteer

(Optional): Ethnicity / Race

- Hispanic or Latino Not Hispanic or Latino
(check all that apply):
- American Indian or Alaska Native
 - Asian
 - Black or African American
 - Native Hawaiian or other Pacific Islander
 - Caucasian

Gender (Optional)

- Male Female LGBT

References: Personal references of people who are not related to you by blood or marriage and provide complete address and phone information for each. References are kept confidential.

1. Name: _____ Phone: _____

Relationship: _____ Address: _____

2. Name: _____ Phone: _____

Relationship: _____ Address: _____

Emergency contact: _____ Phone: _____

To the best of my knowledge, the information I have provided in this application is correct and truthful. I will agree to hold confidential, all personal and official matters while volunteering with NEWHOUSE; including location. I also disclose to have no unresolved issues regarding domestic violence.

Applicant Signature

Date

Thank you for your interest in volunteering with Newhouse. Please return this form to:

Community Engagement Coordinator via email: communityeng@newhouseshelter.org, or mail to:

Newhouse P.O. Box 240019 / Kansas City, Missouri 64124

Placing an Order in the Self-Registration System: EZyApp

“Placing an Order”

1. Using INTERNET EXPLORER as your web browser, visit <https://data.ezycheck.net/cciezyapp> . (MAC user may use SAFARI and please note that you may have to ‘scroll’ on the page to find particular ‘buttons’ for ordering purposes)
2. Log-in to the website with the secure username **newhousevol** and password **volunteer**. Enter the “AUTHORIZATION CODE” **Newhouse** and click “CONTINUE” to enter the site. (This authorization code IS case sensitive.)
3. Once you have logged into the system, please read the agreement and click “Agree”. You will be taken to the “CREATE PROFILE” page.
4. You are now on the “CREATE PROFILE” page. Fill in the appropriate information on the electronic order form. **ALL FIELDS IN BLUE ARE REQUIRED. Please include the street address. No other information is required on this page.** When you have entered all the appropriate information, please click “CONTINUE”.

NOTE: When entering the SSN, just enter the number directly. The system will tab you to the next text box automatically. Once the last number is entered, the system will “blank screen” as the number is propagated. When entering the DOB, no need to place “-“ or “/”. You must enter a zero in front of any month or day that is a single digit number. Example: May 5, 1985 enter as 050585. Lastly, when you enter in the Zip Code, the system will automatically propagate the state. You will need to enter the city and street address.

5. Select the **AIM2COPS Non Profit** screening package. Once you have selected this package, please click on “CONTINUE”. (It will be the only package to select.)
6. Review the FAIR CREDIT REPORTING ACT DISCLOSURE NOTICE. This is the release form that is required by the Fair Credit Reporting Act of 2002. Make sure that all of your information is correct and select “I AGREE” and click “SUBMIT” at the bottom of the page.

If you select I DISAGREE, your order will be erased from the system and you will not have a background check on file for your organization.

7. If you “agree”, your order will be automatically submitted.

If you are paying by credit card, you must click the PAY NOW BY CREDIT CARD button. Your order will be submitted automatically when your payment is ‘approved’ and you click on the OK button.

8. If submitted correctly, you will then be brought to the THANK YOU FOR YOUR ORDER page.

You may now log out. If you have any problems, please log-out immediately and contact your organizational contact.



**CRIMINAL RECORDS and BACKGROUND RELEASE
AUTHORIZATION and DISCLOSURE**

PLEASE TYPE OR PRINT

I, _____
 FIRST NAME MIDDLE NAME LAST NAME (Please Include Jr., Sr., II, III, etc.)

understand that **UNIQUE BACKGROUND SOLUTIONS.** will seek and obtain consumer reports / investigative reports about me as defined in the Fair Credit Reporting Act (FCRA). These investigative reports may include, whichever are applicable, but are not limited to verification of Social Security Number, names and dates of previous/current employment, work experience, work habits, work performance, professional and personal references, general reputation, personal characteristics and mode of living, workers' compensation claims, criminal history records (from local, state, federal, international and other law enforcement agencies' records), sexual offender's lists, wants and warrants records, motor vehicle records, military records, educational verification, license verification, credit history, civil cases, OIG/GSA, OFAC/Patriots Act, any sanction lists, FBI finger printing and drug testing. I understand that these records may be used for the eligibility and qualification of my employment. I hereby authorize, without any reservation, the full release of these records and information for **UNIQUE BACKGROUND SOLUTIONS.** and/or its designated agents or representatives to conduct the searches and investigations. I authorize the complete release of these records or data pertaining to me which an individual, company, firm, corporation, or public agency may have. This authorization and consent shall be valid in original, fax, or copy form.

If I am hired, I also authorize the full release of the information described above, without any reservation, throughout any duration of my employment. I also certify that all information provided below or on my resume and employment application is correct to the best of my knowledge. Any false statements provided on this form, my resume or employment application will be considered just cause for the termination of employment at any time. In addition, I hereby release **UNIQUE BACKGROUND SOLUTIONS.,** and its agents, officials, representatives, or assigned agencies, including officers, employees, or related personnel both individually and collectively, from any and all liability for damages of whatever kind, which may at any time, result to me, my heirs, family or associates because of compliance with this authorization. Upon request, **UNIQUE BACKGROUND SOLUTIONS.** will supply a copy of my reports and my rights under the FCRA. Requests may be directed to: **UNIQUE BACKGROUND SOLUTIONS. PO Box 1604, Mt. Airy, NC 27030** or by phone at: **(336) 786-7030**

CHECK THIS BOX if you are applying for work with a California, Minnesota or Oklahoma-based employer and you would like a copy of your Consumer Report if one is prepared in the investigation of your background. CA Codes 1785.20.5, 1786.16(a)(5)(b)(1), & 1786.22; MN Code 13C Subdivision 2; OK Code 24 O.S. §148. Background screening information may be obtained through **UNIQUE BACKGROUND SOLUTIONS.** For information on **UNIQUE BACKGROUND SOLUTIONS.**'s privacy policies, visit their website at <http://www.UniqueBackground.com>

Responses to the following questions are completely voluntary. You need not respond to have your employment application considered. However, law enforcement agencies and other entities, for positive identification purposes, require the following information when checking public records. It is confidential and will not be used for any other purposes.

Please Print Clearly

FIRST NAME	MIDDLE NAME	LAST NAME	
SOCIAL SECURITY NUMBER	DATE OF BIRTH (Month/Day/Year)	PLEASE CIRCLE ONE	RACE
		MALE OR FEMALE	

Alias/Maiden/Previous Name(s) Use the back of this form if more space is needed.

FIRST NAME	MIDDLE NAME	LAST NAME	YEARS USED

List all addresses, including current address, for the past 7 years. Use the back of this form if more space is needed.

ADDRESS, CITY and STATE	ZIP CODE	COUNTY	DATE FROM	DATE TO

Complete if applying for a position that may involve driving a motor vehicle.

DRIVER'S LICENSE NUMBER	STATE ISSUED	EXPIRATION DATE

APPLICANT SIGNATURE: _____ **DATE:** _____