

CSCS BILL PAYER PROGRAM
VOLUNTEER APPLICATION FORM

Do you own a car: No Yes

Volunteers are asked to make a renewable one-year commitment. Except for unexpected developments, are you willing and able to commit to the full one-year term of this program? No Yes

What Languages other than English do you speak fluently? _____

How did you hear about this program? _____ AARP Member (Y/N) _____

Previous/Current Volunteer Experiences:

Please describe your previous/current **volunteer** experience; include any service or charitable organizations whose activities may relate to this job.

Organization/Dates:

Responsibilities

What interests you about being a Bill Payer volunteer?

Do you have any educational or life experiences that may be helpful for this position?

INTERESTS

What are your interests, hobbies, activities, etc.? _____

Client Preferences:

Do you have any client preferences? (Check all that apply)

Male Female Non-smoker Other: No preferences

Geographic Location Preference (Y/N): _____ If yes, please state:

Pets O.K. No Yes Do you have allergies: No Yes

Client Site Preference:

Client's home : No Yes

Outside of Client's home : No Yes

No Stairs : No Yes

Other Preferences : No Yes

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Traveling Strength:

Are you well versed in traveling around using buses, trains or driving? No Yes

Have you ever used HopStop: No Yes

Have you ever used MapQuest : No Yes

Have you ever used Google Maps : No Yes

Office Skills:

Are you comfortable working with computers: No Yes

Do you have internet access at home: No Yes

Other Volunteer Assignments:

In addition to, or instead of becoming a bill payer volunteer, would you be willing to provide help in one or more areas listed below? Yes No If yes, please check

- Provide temporary help to a volunteer who is on leave or vacation.
- Provide general office assistance (Office Aide position).
- Monitor bill payer's work with client accounts (Monitor position)

Any thing else that you would like to share with us:

Available Start Date: _____

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I understand that my references will be contacted and that the sponsoring agency will do a credit/criminal records check on qualified applicants. I consent to the release of all relevant information concerning my ability and fitness to work as a Money Management volunteer. I certify that the information given herein is accurate to the best of my knowledge. I understand that this information will be held in confidence and not released to any other person or agency.

SIGNATURE _____

Print your name _____

DATE _____

Please use space below to add any additional information you wish to include in this application.

AUTHORIZATION FOR CREDIT/BACKGROUND CHECK

As part of the volunteer screening process, **Council of Senior Centers and Services of New York City, Inc. (CSCS)** will obtain a consumer report (known as investigative consumer report in California), which I understand may include information regarding my credit worthiness, credit standing, credit capacity, character, general reputation, personal characteristics, or mode of living.

During the application process and at any time during the tenure of my service with **CSCS**, I hereby authorize **ChoicePoint WorkPlace Solutions Inc.**, on behalf of **CSCS** to procure a consumer report (known as an investigative consumer report in California) which I understand may include information regarding my credit worthiness, credit standing, credit capacity, character, general reputation, personal characteristics, or mode of living. This report may be compiled with information for credit bureaus, courts records repositories, departments of motor vehicles, past or present employers and educational institutions, governmental occupational licensing or registration entities, business or personal references, and any other source required to verify information that I have voluntarily supplied. I understand that I may request a complete and accurate disclosure of the nature and scope of the background verification, to the extent such investigation includes information bearing on my character, general reputation, personal characteristics or mode of living. **All of the fields below must be completed.**

Applicant Name

Street Address

City, State, Zip Code

Phone Number

Date of Birth

Social Security Number

Applicant Signature

*** For Identification Purposes Only**

Note: You are not required to provide your social security number at this time. We will request it from you when we meet in person.