



# BRCA HOME DELIVERED MEALS PROGRAM VOLUNTEER APPLICATION

Date: \_\_\_\_\_

**Background Checks are Required for All Applicants**

Full Name: \_\_\_\_\_

Spouse's Name: \_\_\_\_\_

Full Address: \_\_\_\_\_ County: \_\_\_\_\_

Email: \_\_\_\_\_

Phone: Cell \_\_\_\_\_ Home \_\_\_\_\_ Work \_\_\_\_\_

Driver's License Number: \_\_\_\_\_ State Issued: \_\_\_\_\_

Driver's License Expiration Date: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Emergency Contact: Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Volunteer Experience: \_\_\_\_\_

How did you learn about our need for Volunteers? \_\_\_\_\_

## I WOULD LIKE TO VOLUNTEER:

### AREA

- Lenoir Area
- Gamewell
- Whitnel
- Hudson
- Granite Falls

### DAY(S)

- Monday
- Tuesday
- Wednesday
- Thursday
- Friday

### FREQUENCY

- Daily
- Weekly
- Monthly
- Other: \_\_\_\_\_

## Please Return Application To:

**Blue Ridge Community Action**  
 800 N. Green Street  
 Morganton, NC 28655  
 Phone: (828) 758-4290 ext. 106  
 brcainc.org



# BRCA HOME DELIVERED MEALS PROGRAM CONFIDENTIALITY AGREEMENT

## ACKNOWLEDGEMENT OF CONFIDENTIAL INFORMATION

In connection with my activities as HOME DELIVERED MEALS VOLUNTEER

I agree to hold all information I may have access to about clients or customers or former clients to be confidential and will not divulge any information to unauthorized persons. I understand that the divulging of confidential information to unauthorized persons will make me subject to either civil action for the collection of monetary damages and/or suspension or dismissal.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature (Spouse, If Applicable)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness, If Required

\_\_\_\_\_  
Date

W/C/S/HDM VOLUNTEER CONFIDENTIALITY (updated 10/18/07)



## AUTHORIZATION AND ACKNOWLEDGMENT REGARDING BACKGROUND INVESTIGATION

I acknowledge receipt of the DISCLOSURE -NOTICE REGARDING BACKGROUND INVESTIGATION and "A SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT" and certify that I have read and understand both of those documents. I hereby authorize the obtaining of "consumer reports" and/or "investigative consumer reports" at any time after receipt of this authorization and, if I am hired, throughout my employment. To this end, I hereby authorize, without reservation, any law enforcement agency, administrator, state or federal agency, military branch, institution, school or university (public or private), information service bureau, past or present employer or supervisor, private business, the insurance company or personal reference, and/or other persons to furnish any and all background information requested by BIB, additional third-party organizations acting on behalf of Employer, and/or Employer itself. I agree that a facsimile ("fax") or photographic copy of this Authorization shall be as valid as the original.

**Applicant Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Personal Identifying Information Needed For Background Check -To facilitate a background check on you, please complete the information below and include all past or current names used (e.g., maiden, surname, alias).

<b>Last Name:</b>	<b>First:</b>	<b>Middle:</b>
<b>Last Name:</b>	<b>First:</b>	<b>Middle:</b>
<b>Last Name:</b>	<b>First:</b>	<b>Middle:</b>
<b>Home Street Address:</b>		<b>Apartment/Unit #:</b>
<b>City:</b>	<b>State:</b>	<b>Zip:</b>
<b>Date of Birth:</b>	<b>Social Security Number:</b>	<b>Gender:</b>
<b>Email Address:</b>		<b>Phone:</b>