



County:

- Glenn Butte Shasta
 Siskiyou Tehama Trinity

Date _____

VOLUNTEER APPLICATION

DOJ _____

Name _____
(Last) (First) (Middle)

Address _____
(Number) (Street) (City) (State) (Zip Code)

Home Phone (____) _____ Cell Phone (____) _____ Work Phone (____) _____

E-mail _____

Availability

Times available: Morning Afternoon Evening All

Date available to start: _____ Days Available: M T W Th F Sat Sun

Preferred Program/Location _____

General Information

Current/Previous occupation: _____

Current/Previous volunteer experience: _____

Educational Background: _____

Have you ever been convicted of a felony? Yes No If yes, please complete the following:

Nature of conviction: _____ Date of conviction: _____

Referred to agency by: _____

List 3 Personal References

Name	Address	Zip	Phone
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Skills-I have experience that I would like to share with NVCSS in the following areas:

- | | | |
|---|--|---|
| <input type="checkbox"/> First Aid | <input type="checkbox"/> Food Delivery | <input type="checkbox"/> Public Relations |
| <input type="checkbox"/> CPR | <input type="checkbox"/> Food Preparation | <input type="checkbox"/> Receptionist |
| <input type="checkbox"/> Art and/or Design | <input type="checkbox"/> Graphic Design | <input type="checkbox"/> Sewing (costuming) |
| <input type="checkbox"/> Bulk Mail | <input type="checkbox"/> Hairstyling | <input type="checkbox"/> Sorting clothing |
| <input type="checkbox"/> Counseling (Licensed) | <input type="checkbox"/> Hospitality/Greeter | <input type="checkbox"/> Spreadsheet |
| <input type="checkbox"/> Cashier/Clerk (handling money) | <input type="checkbox"/> Makeup | <input type="checkbox"/> Transport Goods |
| <input type="checkbox"/> Data Entry | <input type="checkbox"/> Mending | <input type="checkbox"/> Transport People |
| <input type="checkbox"/> Décor | <input type="checkbox"/> Mentor | <input type="checkbox"/> Word Processing |
| <input type="checkbox"/> Dismantling | <input type="checkbox"/> Phone Calling | <input type="checkbox"/> Shopping |
| <input type="checkbox"/> Delivery/Errands | <input type="checkbox"/> Fundraising | <input type="checkbox"/> Translation |
| <input type="checkbox"/> Crafts | <input type="checkbox"/> Other _____ | |

Additional Skills, Languages Spoken/Written _____

License
Professional License/Registration/Certification: _____
Type _____ State _____ Number _____ Expiration Date _____

Work Experience

Please list your work experience for the past seven years with your present or most recent experiences first. A resume may be attached, please complete to the best of your ability, this area helps in volunteer placement.

Company Name _____ Street Address _____
City, State, and Zip _____ Telephone _____
Supervisor's Name _____ Reason for Leaving _____
From: Month _____ Year _____ To: Month _____ Year _____ Job Title _____
Duties _____

Company Name _____ Street Address _____
City, State, and Zip _____ Telephone _____
Supervisor's Name _____ Reason for Leaving _____
From: Month _____ Year _____ To: Month _____ Year _____ Job Title _____
Duties _____

Company Name _____ Street Address _____
City, State, and Zip _____ Telephone _____
Supervisor's Name _____ Reason for Leaving _____
From: Month _____ Year _____ To: Month _____ Year _____ Job Title _____
Duties _____

Have you ever been involuntarily terminated from any prior employment? ___ Yes ___ No
If yes, give details of termination, including date of termination, employers name and reason for termination:

May we contact your employer? Yes No If no, please explain: _____

Emergency Contact

Name _____ Phone _____ Relationship _____
Family Doctor _____ Phone _____ Hospital Preference _____

Please read carefully before signing this form.

I certify that the information contained in this NVCSS volunteer application form is true and correct. I authorize all references listed, previous employers and schools to give information need to NVCSS for purposes of volunteer screening. I agree to hold any or all of them blameless and free of any liability for releasing any truthful information that is with their knowledge or records.

I understand that if I volunteer for NVCSS, any deletion or misrepresentation of information as stated or implied on this application may be sufficient cause for my dismissal as a volunteer. I am aware that I may be required, to successfully complete a background check. I agree to observe all rules, regulations, and policies of NVCSS.

Print Name _____ Signature _____

Date _____
If minor, Name of Parent/Guardian _____

Signature of Parent/Guardian _____ Date _____

REQUEST FOR LIVE SCAN SERVICE

BCII 8016 (3/07)

Applicant Submission

ORI: A6669 Type of Application: Volunteer
Code assigned by DOJ
 Job Title or Type of License, Certification or Permit: _____

Agency Address Set Contributing Agency:
Northern Valley Catholic Social Service, Inc. 04067
Agency authorized to receive criminal history information Mail Code (five-digit code assigned by DOJ)
2400 Washington Avenue Jolene Lader
Street No. Street or PO Box Contact Name (Mandatory for all school submissions)
Redding CA 96001 (530) 247-3343
City State Zip Code Contact Telephone No.

Name of Applicant: _____
(Please print) Last First MI
 Alias: _____ Driver's License No: _____
Last First
 Date of Birth: _____ Sex: Male Female Misc. No. BIL - 141440
Agency Billing Number
 Height: _____ Weight: _____ Misc. Number: _____
 Home Address: _____
 Eye Color: _____ Hair Color: _____
Street No. Street or PO Box
 Place of Birth: _____
City, State and Zip Code
 Social Security Number: _____

Your Number: _____
OCA No. (Agency Identifying No.)
 Level of Service: DOJ FBI
 If resubmission, list Original ATI Number: _____

Employer: (Additional response for agencies specified by statute)
Northern Valley Catholic Social Service, Inc.
Employer Name
2400 Washington Avenue 04067
Street No. Street or PO Box Mail Code (five digit code assigned by DOJ)
Redding CA 96001 (530) 247-3343
City State Zip Code Agency Telephone No. (optional)

Live Scan Transaction Completed By: _____
Name of Operator Date
 Transmitting Agency _____ ATI No. _____ Amount Collected/Billed _____

Fingerprinting Procedure

Shasta County

Sheriff's Department

1525 Court Street, Redding, CA

(530) 245-6025

Cost: \$18.00* (Bring Photo ID)

Times Available: T, W, Th from 8am-4pm -
mornings recommended.

City of Redding Police Department

1313 California Street, Redding, CA 96001

(530) 225-4200, Ext.# 2

Cost: \$18.00* (Bring Photo ID)

Times Available: T/W/Th 10-4pm

Butte County

Sheriff's Office

33 County Center Drive, Oroville, CA
95965 (next to court house)

(530) 538-7321, Ext.# 2 (records)

Cost: \$20.00* (Bring Photo ID)

Times Available: M-F 8-5pm

City of Chico Police Department

1460 Humboldt Road

(530) 897-4900

Cost: \$14.00* (Bring Photo ID)

By appointment only: T/W
8:30-10:30am

*Bring all forms and receipt to NVCSS for
reimbursement.

CSU Chico Campus Police Department

400 West First Street, Chico, CA 95929 (in
Yuba Hall on corner of 2nd Street and
Normal Street)

(530) 898-5372; Fax: (530) 898-6313

Cost: \$8.00 non-profit fee* (Bring Photo ID)

Call for appointment .

Tehama County

Sheriff's Office

502 Oak Street, Red Bluff, CA

(530) 529-7940; Fax: (530) 529-7933

Cost: \$24.00* (Bring Photo ID)

By appointment only: M-F 9-4pm

Siskiyou County

Sheriff's Department

315 South Oregon Street, Yreka, Ca, 96097
(in Sheriff's Dept. Annex, corner of Butte
St. and South Oregon, at east end of bldg.)

(530) 842-8321

Cost: \$23.00* (Bring Photo ID)

By appointment only: T/W 8:00-2:00 p.m.

Takes ½ hour.

Mt. Shasta Police Department

303 N. Mt. Shasta Blvd.

Mt. Shasta, CA 96067

(530) 926-7540

Cost: \$23.00* (Bring Photo ID)

8:00 – 5:00 Monday - Friday

Takes ½ hour.