



**Volunteer Survey**

**Personal Information**

Name: \_\_\_\_\_  
Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Phone: \_\_\_\_\_  
Email: \_\_\_\_\_  
Address: \_\_\_\_\_ Apt: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Best time to contact: \_\_\_\_\_ By email or phone: \_\_\_\_\_

**Interest Survey**

Why are you interested in volunteering with the DeShawn Snow Foundation?  
\_\_\_\_\_  
\_\_\_\_\_

What area(s) are you interested in volunteering with the DeShawn Snow Foundation?  
 Mentoring  Policy (boards and committees)  
 Tutoring  Clerical/Administrative  
 Guest Speaker  
Other: \_\_\_\_\_

Do you have any specific skills you would to share:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do you have previous volunteer experience? Please describe, including organization name:  
\_\_\_\_\_  
\_\_\_\_\_

When are you available to volunteer? (Days and Times) \_\_\_\_\_

How did you hear about volunteer opportunities with the DeShawn Snow Foundation?  
\_\_\_\_\_  
\_\_\_\_\_

Are you willing to submit and pay for a national criminal background check?

YES  NO

Please fax form to 1-888-830-1045 or email: [Jessica@DeShawnSnowfoundation.org](mailto:Jessica@DeShawnSnowfoundation.org)  
Contact: Jessica Muhammad 1-877-578-0231 ext.87



## Authorization for Release of Information For Background Check

Fill out completely. Type or print clearly using black ink.

Name: _____					
	Last	First	Middle	Maiden	Other
Gender:	<input type="checkbox"/> Male	<input type="checkbox"/> Female	* Date of Birth (MM/DD/YY) _____		
U.S. Social Security Number _____					
Driver's License or State ID Number _____					
Check here if you do not have a Driver's License or State ID card. <input type="checkbox"/>					

Current Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Length of Residence \_\_\_\_\_

Previous Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Length of Residence \_\_\_\_\_

Previous Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Length of Residence \_\_\_\_\_

I, the undersigned, authorize DeShawn Snow Foundation, Inc. through any independent contract agency, to conduct a credit history, motor vehicle report or criminal history file check or investigation by name and identifiers to determine the existence of any arrest resulting in conviction and furnish a response to DeShawn Snow Foundation, Inc.

I hereby authorize the release to an independent contract agency, of information held by any parties regarding previous employment, my criminal history record and/or record of convictions in state and local files for violation of any federal, state, local statutes or ordinances, military records, my credit history, worker's compensation history, driving record and scholastic records and hereby release said persons, schools, companies, government agencies, court and law enforcement authorities from damage whatsoever for reusing this information. I hereby acknowledge that the independent contract agency cannot vouch for or guarantee the accuracy of information provided by third parties. Accordingly, I release the independent contract agency, its agents and/or DeShawn Snow Foundation, Inc. from any and all liability arising out of any errors or omissions regarding my background information and authorize them to release any and all information to my prospective employer.

Signature \_\_\_\_\_ Date \_\_\_\_\_

*\* Note: Age is not a criterion in any decision, but is used for identification purposes only.*

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**TO BE COMPLETED BY DeShawn Snow Foundation, INC**

Criminal History

Credit History

Motor Vehicle Report