

Temple or Church affiliation (optional):

Health restrictions or physical limitations:

Languages:

Special skills/hobbies or interests:

- Bingo Assistant Creative Arts Assistant Outing Escort Gift Shop
- Musician/ Entertainer Reader Friendly Visitor Table Games Partner
- Clerical Transporter (in-house) Café Shalom Host Green House Events

If volunteer hours are for school number of hours required. _____

Availability:

HOURS	SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
Morning							
Afternoon							
Evening							

NEW YORK STATE DEPARTMENT OF HEALTH REQUIREMENTS

Have you been vaccinated against COVID-19? Yes _____ No _____
(Please provide a copy of your vaccination record.)

Have you received the Measles/German Measles shot? (Proof of 2 dates given or titers. Please submit vaccine record.)

Tuberculosis Skin test will be given at The Jewish Home.

Applications can be returned in person to the Jewish Home, mailed to Jewish Home, attn: Kristina Jewell, 2021 South Winton Ave., Rochester, NY, 14618, or e-mailed to kjewell@jewishhomeroc.org.



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BACKGROUND SCREENING SOLUTIONS

BACKGROUND & REFERENCE CHECKING DISCLOSURE

In connection with your volunteer application and for other volunteer purposes, **Jewish Home** may seek background information about you from AUTHENTICA, a consumer reporting agency. This information may be in the form of a consumer report and/or an investigative consumer report.

These reports may be obtained at any time after **Jewish Home** receives authorization from you, including any time during the period of your volunteer if **Jewish Home** hires you.

Consumer reports include any written, oral or other communication of information by a consumer reporting agency bearing on your character, general reputation and other characteristics that is expected to be used for volunteer purposes. Consumer reports may include criminal records and driving records, among other resources, including social media.

Investigative consumer reports include similar information as consumer reports, but they are obtained through personal interviews with those who are acquainted with you or who may have knowledge of any relevant information about you. You have the right to request information from **Jewish Home** about the nature and scope of any investigative consumer report on you that is requested by **Jewish Home**. The request must be made in writing and within a reasonable period of time after you have received this disclosure.

AUTHENTICA will obtain the reports for **Jewish Home**.

A summary of your rights under the federal Fair Credit Reporting Act (FCRA), and a copy of Article 23-A of the New York Corrections Law, are being provided to you with this disclosure.

BACKGROUND & REFERENCE CHECKING AUTHORIZATION

All information provided by me as part of my application to volunteer is accurate and true to the best of my knowledge. I understand and agree that any misrepresentation or omission of information by me may result in my rejection from volunteering or, if hired, in my discharge.

I understand and agree that as part of its evaluation of my suitability for volunteering, **Jewish Home** should receive consumer reports and/or investigative consumer reports, which will contain information and opinions pertaining to my educational background, previous work experience and work-related qualifications, behavior and character.

I acknowledge that I have received and read the *Fair Credit Reporting Act Background Check Disclosure, A Summary of Your Rights Under the Fair Credit Reporting Act*, as well as Article 23-A of the New York Corrections Law, and this authorization. I certify that I understand the documents I have received. I further understand that I have the right to request information from **Jewish Home** about the nature and scope of any investigative consumer report on me that is requested by **Jewish Home**, provided the request is made in writing and within a reasonable period of time after I have received this disclosure.

I therefore, knowingly and voluntarily, authorize law enforcement agencies, public and private schools, federal, state and local agencies and courts, information bureaus, current and former employers, financial institutions, licensing agencies, governmental agencies, the military, and other individuals and entities to provide any and all information that is requested by AUTHENTICA. I further specifically consent to the disclosure of information and opinions concerning me contained in files of the educational institutions I have attended or am currently attending, and personnel files of my current and former employers and provided by other individuals and entities, including personal and professional references, to AUTHENTICA acting on behalf of **Jewish Home**.

I also consent specifically to the release of any information and opinions by my current and former educators and employers about my education or work by their agents and employees to AUTHENTICA acting on behalf of **Jewish Home** I also authorize AUTHENTICA to access financial and credit records available through credit agencies or bureaus, criminal background inquiries, public records and public record databases, and driving records. I also authorize and consent to the disclosure by AUTHENTICA to **Jewish Home** of any information and opinions it obtains about me. I understand that if I would like additional information about the investigation that may be done by AUTHENTICA, I should contact AUTHENTICA in writing at, 150 State St. Suite 400, Rochester, New York 14614.

This authorization, in original or copy, shall be valid for this and any future reports and updates that may be requested. These consumer reports and/or investigative consumer reports may be obtained at any time after the receipt of my authorization and, if I am hired by **Jewish Home**, and throughout my volunteer. I intend that a copy of this Authorization be as valid as the original.

I certify that the information provided on this form is true and correct. I understand that any information that I provide in a volunteer application or that I otherwise disclose during my volunteering may be used to obtain consumer reports and/or investigative consumer reports. I also understand that the information I provide regarding my date of birth will be used for the sole purpose of accurately gathering the above mentioned information, and will not be used to discriminate against me in violation of any state or federal law. AUTHENTICA and **Jewish Home** will retain this form as required by law, in a secure location to ensure confidentiality.



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Applicant Name PRINTED (First Name, MI, Last Name)	Social Security Number	
Other Last Names/Alias/AKAs used in last seven years	Applicant's Date of Birth	Date
Driver License Number and State of Issue (if requested)		

Please list all **counties** that you have lived in within the last seven (7) years including the current one.

Address	State	Dates of Residency		Zip Code
		From:	To:	
		From:	To:	
		From:	To:	
		From:	To:	

Applicant Signature

Date



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BACKGROUND SCREENING SOLUTIONS

BACKGROUND & REFERENCE CHECKING RELEASE OF CLAIMS

I understand that the information and opinions concerning me disclosed to AUTHENTICA, and from AUTHENTICA to **Jewish Home** may include both favorable and unfavorable material. I knowingly and voluntarily release each of my current and former educators and employers, AUTHENTICA, and their respective agents and employees, and all other individuals and entities providing information, from any and all claims and liabilities, including but not limited to claims for defamation, retaliation, discrimination, damages, costs and attorney's fees, which have arisen or may arise in the future related to the information and opinions provided to AUTHENTICA and from AUTHENTICA to **Jewish Home**.

I understand that my execution of this Release is a condition of my being considered for volunteering by **Jewish Home**. My execution of this Release is for the benefit of **Jewish Home**, my current and former educators and employers, and AUTHENTICA, and to assure that they are free to disclose information and opinions about me.

I intend that a copy of this Release be as valid as the original.

Applicant Name PRINTED

Applicant Signature

Social Security Number

Date