



County

- Butte Shasta Tehama
 Glenn Siskiyou Trinity

Volunteer Application - Level II

Date: _____

Last Name: _____ First Name: _____ Middle: _____

Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Work Phone: _____ Email: _____

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 volunteer experience: _____

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: _____

Personal References

Name: _____ Address: _____ Phone: _____

Name: _____ Address: _____ Phone: _____

Name: _____ Address: _____ Phone: _____

Skills/Interests

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"/> Decor | <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, Zip: _____ Phone Number: _____

Supervisor's Name: _____ Reason for leaving: _____

From: Month _____ Year _____ To: Month _____ Year _____ Job Title: _____

Duties: _____

Company Name: _____ Street Address: _____

City, State, Zip: _____ Phone Number: _____

Supervisor's Name: _____ Reason for leaving: _____

From: Month _____ Year _____ To: Month _____ Year _____ Job Title: _____

Duties: _____

Company Name: _____ Street Address: _____

City, State, Zip: _____ Phone Number: _____

Supervisor's Name: _____ Reason for leaving: _____

From: Month _____ Year _____ To: Month _____ Year _____ Job Title: _____

Duties: _____

Have you ever been involuntarily terminated from any prior employer? Yes No

If yes, give details for termination, including date of termination, employer's name and reason for termination:

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

Emergency Contact

Name: _____ Phone Number: _____ Relationship: _____

Family Doctor: _____ Phone Number: _____ 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 to NVCSS for purposes of volunteer screening. I agree to hold any or all of them blameless and free of 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 the 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.

Signature: _____ Date: _____

Printed Name: _____



REQUEST FOR LIVE SCAN SERVICE

Applicant Submission

ORI (Code assigned by DOJ)

Authorized Applicant Type

Type of License/Certification/Permit OR Working Title (Maximum 30 characters - if assigned by DOJ, use exact title assigned)

Contributing Agency Information:

Agency Authorized to Receive Criminal Record Information

Mail Code (five-digit code assigned by DOJ)

Street Address or P.O. Box

Contact Name (mandatory for all school submissions)

City State ZIP Code

Contact Telephone Number

Applicant Information:

Last Name

First Name Middle Initial Suffix

Other Name
(AKA or Alias) Last

First Suffix

Date of Birth Sex Male Female

Driver's License Number

Height Weight Eye Color Hair Color

Billing Number
(Agency Billing Number)

Place of Birth (State or Country) Social Security Number

Misc. Number
(Other Identification Number)

Home Address Street Address or P.O. Box

City State ZIP Code

Your Number: _____
OCA Number (Agency Identifying Number)

Level of Service: DOJ FBI

If re-submission, list original ATI number:
(Must provide proof of rejection)

Original ATI Number

Employer (Additional response for agencies specified by statute):

Employer Name

Mail Code (five digit code assigned by DOJ)

Street Address or P.O. Box

City State ZIP Code

Telephone Number (optional)

Live Scan Transaction Completed By:

Name of Operator

Date

Transmitting Agency LSID

ATI Number

Amount Collected/Billed

Fingerprinting Procedure

Butte County

Sheriff's Department

33 County Center Drive, Oroville, CA
(530) 538-7321 ext. #3 (records)
Cost: \$36.00* Rolling Fee (bring photo ID)
Times Available: M-F 8am-4:15pm

City of Chico Police Department

1460 Humbolt Road, Chico, CA
(530) 897-4900
Cost: \$17.00* Rolling Fee plus DOJ or FBI fees
(bring photo ID)
By appointment only

Tehama County

Business Connections

332 Pine Street, Red Bluff, CA
(530) 527-6229
Times Available: M-F 8am-4:30pm

Sheriff's Department

22840 Antelope Boulevard, Red Bluff, CA
(530) 529-7900
Cost: \$24.00-\$75.50* (bring photo ID)
By appointment only:
• Monday-Friday

Shasta County

ACCU-PRINT

3404 Bechelli Lane, Suite B, Redding, CA
Cost: Vendor bills NVCSS (bring photo ID)
Times Available: M-F from 9am-5pm

Siskiyou County

Sheriff's Department

315 S. Oregon Street, Yreka, CA
(in Sheriff's Dept. Annex, corner of Butte St.
and S. Oregon – east end of building)
(530) 842-8321
Cost: N/A as long as Livescan form has NVCSS
Billing Number included
(bring photo ID)
By appointment only:
• T/W/Th 9am-12pm or 1-2pm

Mt. Shasta Police Department

303 N. Mt. Shasta Boulevard., Mt. Shasta, CA
(530) 926-7540
Cost: \$25.00* Rolling Fee (bring photo ID)
Cash/Check only
By appointment only:
• Monday-Saturday

- Bring Photo ID
- When completed, please bring all forms and receipts to NVCSS for reimbursement cost.

** NVCSS will reimburse up to \$20.00 of the fingerprinting cost. Please submit original receipts.*