



Span, Inc. Volunteer Application

Personal Information

Name (Last, First, MI)

Address

City, State, Zip

E-mail address:

Primary Phone:

Secondary Phone:

How did you hear about our volunteer program?

When would you be available to begin volunteering?

Volunteer Opportunities:

(Please mark your interest)

- Home Delivered Meals
- Senior Center Meals
- Senior Paws
- Special Projects/Events
- Administrative
- Other _____

Please specify preferred areas of Denton County in which you would like to participate:

- Denton
- Lewisville
- Sanger/Krum
- Pilot Point/Aubrey
- Little Elm/The Colony
- Other _____

Briefly describe any previous volunteer experience:

Briefly describe your employment/career experience:

Special skills, training, hobbies, or interests which might be beneficial in volunteer work with us:

Disclosure to Applicants Concerning Background Screening:

All applicants of Span, Inc. must pass a criminal background screening before serving as a volunteer. Some positions will require additional periodic screenings. I understand that I may be disqualified as an eligible volunteer because of information reported during background checks.

Signature _____

Date _____



THANK YOU for your interest in volunteering with Meals on Wheels of Denton County! Many of our neighbors, families, and friends depend on the kindness, dedication, and service of our volunteers.

Meals on Wheels of Denton County is a part of **Span, Inc.**, a 501(c)(3) non-profit corporation. Since our founding in 1974, our mission has been *to enable people to live as fully and independently as possible by providing nutrition, transportation, and social services to older persons, persons with disabilities, veterans, and to the general public.*

Most of our volunteer opportunities support these three local programs: Home Delivered Meals; Senior Center (*Congregate*) Meals; and Senior Paws pet food delivery. We may also have occasional opportunities in other areas, such as special projects/events and various administrative tasks.

Most of our volunteer opportunities are on Monday through Friday mornings from 10:00am until 12:00 noon, with some limited needs on Saturday mornings.

Please indicate the days and hours of the week when you are available to volunteer:

MON	6 AM	7 AM	8 AM	9 AM	10 AM	11 AM	12 PM	1 PM	2 PM	3 PM	4 PM	5 PM	6 PM
TUE	6 AM	7 AM	8 AM	9 AM	10 AM	11 AM	12 PM	1 PM	2 PM	3 PM	4 PM	5 PM	6 PM
WED	6 AM	7 AM	8 AM	9 AM	10 AM	11 AM	12 PM	1 PM	2 PM	3 PM	4 PM	5 PM	6 PM
THU	6 AM	7 AM	8 AM	9 AM	10 AM	11 AM	12 PM	1 PM	2 PM	3 PM	4 PM	5 PM	6 PM
FRI	6 AM	7 AM	8 AM	9 AM	10 AM	11 AM	12 PM	1 PM	2 PM	3 PM	4 PM	5 PM	6 PM
SAT	6 AM	7 AM	8 AM	9 AM	10 AM	11 AM	12 PM	1 PM	2 PM	3 PM	4 PM	5 PM	6 PM

THANK YOU AGAIN AND WE LOOK FORWARD TO WORKING TOGETHER !

Applicant Printed Name

Applicant Signature

Date



EEO-1 Component 1 Voluntary Self Identification Form for Volunteers

In compliance with U.S. Department of Labor regulations, **Span, Inc.** collects, summarizes, and reports workplace demographic data. All covered employers must invite employees and volunteers to self-identify their gender and race for this annual report.

Completing this form is voluntary, and will not affect your opportunity for employment, the terms or conditions of your employment, or your eligibility to volunteer. **Your identity will remain anonymous.** This information will be used for workplace demographic reporting purposes only.

Definitions for each of the categories below have been established by the Equal Employment Opportunity Commission. (EEOC) If you choose not to self-identify your race/ethnicity at this time, **Span, Inc.** must determine this information by visual survey and/or other available information.

NAME: _____

JOB TITLE: _____

DATE COMPLETED: _____

GENDER: (Please check one of the options.)

Male

Female

RACE/ETHNICITY:

(Please check one of the descriptions below corresponding to the ethnic group with which you identify.)

Hispanic or Latino: A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race.

White (Not Hispanic or Latino): A person having origins in any of the original peoples of Europe, the Middle East or North Africa.

Black or African American (Not Hispanic or Latino): A person having origins in any of the black racial groups of Africa.

Native Hawaiian or Pacific Islander (Not Hispanic or Latino): A person having origins in any of the peoples of Hawaii, Guam, Samoa or other Pacific Islands.

Asian (Not Hispanic or Latino): A person having origins in any of the original peoples of the Far East, Southeast Asia or the Indian Subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand and Vietnam.

Native American or Alaska Native (Not Hispanic or Latino): A person having origins in any of the original peoples of North and South America (including Central America) and who maintains tribal affiliation or community attachment.

Two or more races (Not Hispanic or Latino): All persons who identify with more than one of the above five races.

I do not wish to disclose.

Volunteer Consent to Background Check

I understand and agree that Span, Inc. will verify all or part of the information I have provided, both before I serve and periodically during my tenure, and will conduct background checks only as permitted by law and appropriate to my volunteer position. I understand that I may be disqualified because of information reported during background checks. If I am accepted as a volunteer, I agree to report promptly to Span, Inc. any subsequent criminal convictions or HHSC Misconduct Registry changes which might affect my eligibility.

To process background checks, Span, Inc. provides information to, and obtains information about you from the Texas Department of Public Safety and the Texas Health and Human Services Commission. We may also use a third-party reporting agency: **Occuscreen, LLC; 805 Broadway Street, Suite 215, Vancouver, WA, (888) 833-5304; www.occuscreen.com**. If we do, we will provide to you a separate document entitled *A Summary of Your Rights Under the Fair Credit Reporting Act*.

The following information is required to process your background check, and will be used for this purpose only. Include your exact legal name and any other name(s) you may have used in the last seven (7) years. Please print clearly.

First Name: _____ Middle Initial: _____
 Last Name: _____ Previous Name(s): _____
 Social Security Number: _____ Birth Date: _____
 Current Address: _____
 City, State, Zip: _____

Please provide City and County information for your residence covering a period of seven (7) years, beginning with your most current address.

City	County	State	Zip	From _____ To _____
				From _____ To _____
				From _____ To _____
				From _____ To _____

 Volunteer Applicant Signature

 Date