



## VOLUNTEER APPLICATION

Date: \_\_\_\_\_

The Masonic Home for Children at Oxford is an equal opportunity employer and will consider all applications for all volunteer positions equally without regard to race, sex, age, color, religion, national origin, veteran status or any disability as provided in the Americans with Disabilities Act.

This application will be given every consideration, but its receipt does not imply that the applicant will be accepted as a volunteer. Each question should be answered in a complete and accurate manner, as no action can be taken on this application until all questions have been answered.

### PERSONAL:

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Present Address: \_\_\_\_\_

Social Security No. \_\_\_\_\_ Are you over 21? Yes  No

Marital Status Married  Single  Divorced  Widow/Widower

Number of Children: \_\_\_\_\_ Age of Children: \_\_\_\_\_

Are you a citizen of the U.S., or do you have the legal right to be employed in the United States? Yes  No

Have you ever been charged with any crime (excluding minor traffic violations), including DWI? Yes  No

Have any allegations of abuse/neglect ever been filed against you? Yes  No

If yes, state the offense, location, date and disposition \_\_\_\_\_

Please provide a copy of your Driver's License to MHCO.

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## REGARDING YOUR INTEREST IN VOLUNTEERING

Volunteer Position applied for \_\_\_\_\_

Date available to start \_\_\_\_\_

Have you ever applied to our agency before? Yes  No

Have you ever worked for our agency before? Yes  No

How did you learn of our agency and or volunteering? \_\_\_\_\_

Are there any days or hours you would be unable to volunteer? Yes  No

If yes, please specify those days or hours you would be unable or unwilling to work \_\_\_\_\_

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## Education

Name, Address, Location	Dates	Graduate?	Courses Studied
High School	From: _____ To: _____	Yes <input type="checkbox"/> No <input type="checkbox"/>	Diploma:
College (Undergraduate Studies)	From: _____ To: _____	Yes <input type="checkbox"/> No <input type="checkbox"/>	Diploma:
Graduate School	From: _____ To: _____	Yes <input type="checkbox"/> No <input type="checkbox"/>	Diploma:

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**MILITARY**

Have you ever served in the military? Yes  No

Are you an active member of the National Guard or Reserve? Yes  No

Service Branch \_\_\_\_\_ Date Entered \_\_\_\_\_

Date Separated \_\_\_\_\_ Final Rank \_\_\_\_\_

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**EMPLOYMENT HISTORY**

Previous Employer \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_  
Street City, State/Zip Date Hired

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Address \_\_\_\_\_  
Street City, State/Zip Date Hired

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Previous Employer \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_  
Street City, State/Zip Date Hired

**REFERENCES**

Give three references (not relatives)

Name	Address	Phone

## AFFIDAVIT

I certify that my answers to the foregoing questions are true and correct without any consequential omissions of any kind whatsoever. I understand that if I am accepted as a volunteer, any false, misleading or otherwise incorrect statements made on this application form or during any interviews may be grounds for my immediate discharge, or grounds for no further consideration.

I hereby authorize MHCO to contact any company or individual it deems appropriate to investigate my character and qualifications, and I give my full and complete consent to their revealing any and all information they wish as a result of this inquiry. In addition, I hereby waive my right to bring any cause of action against these individuals for defamation, invasion of privacy or any other reason because of their statements.

I agree that, if I am accepted as a volunteer, I will abide by the policies and regulations of the agency. Appropriate background checks will be done and any arrest or conviction which, in the opinion of the Administrator, would result in questions/concerns regarding my ability to volunteer successfully for MHCO will result in termination of volunteer status. I further understand that nobody in the agency is authorized to enter into any written or verbal employment contracts with me for any definite period of time without the express written consent of the Administrator. I also understand that my volunteering is "at-will" and may be terminated by myself or by the agency at any time for any reason or no reason at all, with or without prior notice.

Signature \_\_\_\_\_

Date \_\_\_\_\_

**AGREEMENT OF CONFIDENTIALITY**  
THE MASONIC HOME FOR CHILDREN AT OXFORD

Employer has the responsibility for information that, by law, regulation, or policy, must be kept in strict confidence and used only by the capacity of specified responsibilities; and

Employer acknowledges that employee, in performing the responsibilities of his/her position, may need access to information that is confidential.

Employee acknowledges that his/her responsibilities may require exposure to confidential information such as identities, services provided, income information, and eligibility for medical recipients and providers.

Employee agrees to support employer's policy with respect to confidentiality.

Employee agrees to keep this information in strict confidence and use the information only in the performance of his/her duties.

Employee will protect assigned equipment and be generally responsible for protecting the assets of the employer.

Employee understands that the computer access codes assigned are for use in connection with official duties only. The codes are not to be placed in written form in any place accessible to the public and other staff.

Employee further agrees to preserve that confidential nature of any information obtained or by not releasing such information to any person or entity not authorized to receive the information.

Employee agrees to use personnel and mainframe computers, their respective software and other related equipment for official use only.

Employee understands confidentiality as it applies to all electronic and social media and its use as it relates to the organization, its clients, employees and supporters.

Employee understands that copying software, documents or computer files for any purpose other than making an authorized backup, archival copy is strictly prohibited.

Employee understands, as a result, if employer believes that an employee accused of making unauthorized copies, did in fact make such copies, it will not provide legal defense.

Employee understands that if employer is subject to legal action because of unauthorized copying of software or unauthorized use of computers by employee, it may seek payment from the employee.

Employee understands and acknowledges that a violation of this agreement could lead to immediate dismissal or other disciplinary action.

Employee understands and acknowledges use of information may constitute a violation of State and Federal Law.

Employee understands and is willing to comply with confidentiality agreement requirements.

IN WITNESS WHEREOF, the parties execute this agreement by means of the signature written below.

BY: \_\_\_\_\_  
Employee / *Volunteer* Date

BY: \_\_\_\_\_  
Witness Date

THE MASONIC HOME FOR CHILDREN AT OXFORD  
DISCLAIMER FOR PRE-EMPLOYMENT APPLICANTS, VOLUNTEERS AND/OR INTERNS

- I have no criminal, social or medical history that would adversely affect my capacity to work with children and adults.
- I have not abused or neglected a child.
- I have not had child protective services involvement that resulted in a substantiation of child abuse or serious neglect.
- I have not had child protective services involvement that resulted in the removal of a child.
- I have not been a respondent in a juvenile court proceeding that resulted in the removal of a child.
- I have not abused, neglected or exploited a disabled adult.
- I have not been a domestic violence perpetrator.

I certify that the above statements are true and understand that my employment, or my relationship with the agency as a Pre-employment Applicant, Employee, Volunteer, and/or Intern, may be terminated for making a false statement.

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**EMERGENCY CONTACT INFORMATION**  
THE MASONIC HOME FOR CHILDREN AT OXFORD

The following information is required to be placed in your personnel record. Please complete and notify the office of any changes to this information as necessary.

Volunteer Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

In case of emergency I request that you notify:

Name: \_\_\_\_\_ Relationship to you: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Telephone Number: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

Telephone Number: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_.

Name: \_\_\_\_\_ Relationship to you: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Telephone Number: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

Telephone Number: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_.

Any other information that the Administrator should know about notifying this person or these persons:

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**DISCLOSURE/AUTHORIZATION AND RELEASE FOR THE PROCUREMENT OF A  
CONSUMER AND/OR INVESTIGATIVE CONSUMER REPORT**

**DISCLOSURE:** EMPLOYER may now, or at any time while employed, verify information within the application, resume or contract for employment by obtaining a consumer report and/or investigative consumer report from a consumer reporting agency. The verifications and/or checks may include but are not limited to: driving records, workers compensation records (in compliance with the ADA or other applicable law), credit bureau files, employment references, personal references, any educational and licensing institution records, and any criminal records information pertaining to you which may be in the files of any Federal, State or Local criminal justice agency in any State. These reports may include information as to your general reputation, character, personal characteristics, or mode of living. You have the right to request, in writing, the nature and scope of any investigative consumer report conducted by Hirease, Inc. on behalf of EMPLOYER, at Hirease, Inc., PO Box 2559, Southern Pines, NC 28388 (1-866-693-1764).

A photocopy or telephonic facsimile (Fax) of this Disclosure/Authorization and Release shall be valid as the original. The results of this verification process will be used to determine employment eligibility. All results will be kept CONFIDENTIAL. The information obtained will not be provided to any parties other than to the designated EMPLOYER personnel.

According to the Fair Credit Reporting Act, if any adverse decision is made with regard to your application for employment, based entirely or in part on the information contained in a consumer report or investigative consumer report prepared by a consumer reporting agency, you are entitled to receive a copy of this report upon written request, and a disclosure of the nature and scope of the investigative report.

**AUTHORIZATION.** I have carefully read and understand this disclosure and consent form and by my signature consent to the release of consumer or investigative consumer reports, as defined above, in conjunction with my application for employment. I further understand this consent will apply during the course of my employment, should I obtain such employment, and that such consent will remain effect until revoked in a written document signed by me. In the event that I wish to refuse or revoke my consent at any time, I understand that I may do so. I further understand that any and all information contained in my job application, or otherwise disclosed to this company by me may be utilized for the purpose of obtaining the consumer reports or investigative consumer reports requested by EMPLOYER and confirm that all such information is true and correct. I, the undersigned applicant, do hereby certify that the information provided by me for the purpose of employment is true and complete to the best of my knowledge. I understand that if I am employed, any false statements will be considered as a cause for possible dismissal.

I authorize any agency, reference, employer, state or federal agency, school, university institution, or other agency that maintains information pertinent to my employment to furnish any and all information requested by Employer or its agent Hirease, Inc. or Hirease's agents. I further authorize Hirease, Inc. and any of its Agents, to disclose orally and in writing the results of this verification process and/or interview to authorized Employer representatives. I do hereby agree to forever release and discharge Hirease, Inc. and their associates to the full extent permitted by law from any claims, damages, losses, liabilities, costs and expenses, or any other charge or complaint arising from the retrieving and reporting of information.

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

**IDENTIFYING INFORMATION FOR CONSUMER REPORTING AGENCY  
(PLEASE PRINT OR TYPE)**

Applicant Name: (First Middle Last)		Current Address: (street address)		
Other Name(s) Used: (like Maiden)		City:	State:	Zip:
Social Security Number:		Former Address: (1)		
Sex:	Race:	City:	State:	Zip:
Driver's License No.:		Former Address: (2)		
State of Issue:		City:	State:	Zip:
Month, Day and Year of Birth*:		Professional License		
Educational Institution		State Issued		
Location (City, State)		License Number	Issue Date	Expiration Date
Name Attended Under		Degree Awarded Dates of Attendance/Graduation		
FOR CA, MN, OK: PLEASE PROVIDE ME WITH A COPY OF MY BACKGROUND INVESTIGATION REPORT. <input type="checkbox"/> YES <input type="checkbox"/> NO				
IF YOU RESIDE IN CT, PLEASE LIST YOUR CONTACT INFORMATION FOR REPORT NOTIFICATION: EMAIL: _____				
<small>Notice to New York Applicants. Under Article 25 § 380-c(B)(2) of the NY General Business Law, you have the right, upon written request, to be informed whether or not an investigative consumer report was requested, and if such report was requested the name and address of the company to whom the request was made. Under § 380-g of the NY General Business Law, should a consumer report received by an employer contain criminal conviction information, the employer must provide you a printed or electronic copy of Article 23-A of the NY Correction Law, which governs employment of persons previously convicted of one or more criminal offense. I certify I have received a copy of Article 23-A. <input type="checkbox"/></small>				

Have you ever been sanctioned, disciplined, debarred, and/or excluded by a duly authorized regulatory agency or are there any current restrictions or limits on your license (s) or certification (s)?  Yes  No If yes, please attach a complete explanation.

Have you ever been convicted of any criminal violation of the law other than a minor traffic violation or are you now under pending investigation or charges?  Yes  No If yes, please attach a complete explanation. If you live in Massachusetts or Philadelphia you do not have to answer this question.

*\*Without this information, we will be unable to properly identify you in the event we find adverse information during the course of our background investigation.*



**Reference Form**

THE MASONIC HOME FOR CHILDREN AT OXFORD

I, \_\_\_\_\_, hereby give my consent for the release of relevant information below with regards to my ability to volunteer/partner with The Masonic Home for Children at Oxford, Inc., located at 600 College Street, Oxford, NC 27565 (919) 693-1985) in providing services to the children living in their residential program.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

Position applied for: Volunteer/Partner

1. How long have you known the applicant? \_\_\_\_\_

2. In what capacity have you known the applicant? \_\_\_\_\_

3. To the best of your knowledge, is the applicant suited for the type of position he/she is seeking?

Yes \_\_\_\_\_ No \_\_\_\_\_

4. To the best of your knowledge, has the applicant ever been convicted of a crime other than a minor traffic violation?

Yes \_\_\_\_\_ No \_\_\_\_\_

5. To the best of your knowledge, does the applicant have the values and ethical standards conducive to the well being of children?

Yes \_\_\_\_\_ No \_\_\_\_\_

6. To the best of your knowledge, is the applicant capable of working as a member of a team?

Yes \_\_\_\_\_ No \_\_\_\_\_

7. To the best of your knowledge, is there anything regarding this applicant's personnel history that would prohibit volunteering with this agency?

Yes \_\_\_\_\_ No \_\_\_\_\_

8. Please feel free to make any comments you would like to make regarding the suitability of this applicant/person contracting with our agency.

Thank for your cooperation.

Please send this form to:

Your name: \_\_\_\_\_

Lisa S. Proctor

Address: \_\_\_\_\_

600 College Street

\_\_\_\_\_

Oxford, NC 27565

Phone: \_\_\_\_\_

Fax: 919-693-2479

Email: lproctor@mhc-oxford.org

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Yes \_\_\_\_\_ No \_\_\_\_\_

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Yes \_\_\_\_\_ No \_\_\_\_\_

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Yes \_\_\_\_\_ No \_\_\_\_\_

6. To the best of your knowledge, is the applicant capable of working as a member of a team?

Yes \_\_\_\_\_ No \_\_\_\_\_

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Yes \_\_\_\_\_ No \_\_\_\_\_

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Yes \_\_\_\_\_ No \_\_\_\_\_
4. To the best of your knowledge, has the applicant ever been convicted of a crime other than a minor traffic violation?  
Yes \_\_\_\_\_ No \_\_\_\_\_
5. To the best of your knowledge, does the applicant have the values and ethical standards conducive to the well being of children?  
Yes \_\_\_\_\_ No \_\_\_\_\_
6. To the best of your knowledge, is the applicant capable of working as a member of a team?  
Yes \_\_\_\_\_ No \_\_\_\_\_
7. To the best of your knowledge, is there anything regarding this applicant's personnel history that would prohibit volunteering with this agency?  
Yes \_\_\_\_\_ No \_\_\_\_\_
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Your name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Lisa S. Proctor

600 College Street

Oxford, NC 27565

Fax: 919-693-2479

Email: [lproctor@mhc-oxford.org](mailto:lproctor@mhc-oxford.org)

North Carolina Division of Social Services  
Responsible Individuals List (RIL) Information Request

**Instruction for completing DSS-5268 (please read carefully):**

G.S. § 7B-311 authorizes the release of information regarding substantiated cases of abuse and serious neglect from the Responsible Individuals List (RIL), for the sole purpose of determining current or prospective employment in certain situations, or fitness to provide care for children. This includes applications to foster or adopt a child. All sections of the DSS-5128 must be completed and signed by the agency and the prospective employee/applicant/volunteer. Please print legibly or type all information. Incomplete or illegible forms will be returned via fax without the RIL check completed.

Requests for information may be submitted by:

Fax (919) 715-6714, Attn: RIL

Mail (must include SASE) N.C. Division of Social Services Attn: RIL  
325 N. Salisbury St.  
Mail Service Center 2408  
Raleigh, North Carolina 27699-2408

**Agency Requesting Information**

Agency Name: The Masonic Home for Children at Oxford, Inc.

Mailing Address: 600 College Street

City/State/Zip: Oxford NC 27565

Phone: 919-693-5111

FAX: 919-693-2479

**Type of Agency (Check One)**

- |   |  |
|---|--|
| <input type="checkbox"/> Child Care Provider        | <input checked="" type="checkbox"/> Child Caring Institution |
| <input type="checkbox"/> Child Placing Agency       | <input type="checkbox"/> County DSS                          |
| <input type="checkbox"/> Group Home Facility        | <input type="checkbox"/> Guardian ad Litem                   |
| <input type="checkbox"/> Other Provider of Adoption | <input type="checkbox"/> Other Provider of Foster Care       |
| <input type="checkbox"/> Adoption Home Study        | <input type="checkbox"/> Foster Parent Applicant             |

Agency License Number (if available) B01177

**Agency Certification:** I hereby request information from the North Carolina Responsible Individuals List. I certify that I am a person representing a child caring institution, child placing agency, group home facility, or a provider of foster care, child care or adoption services that needs to determine the fitness of individuals to care for or adopt children. I either currently employ the individual listed below, or am strongly considering the individual for an employment, contract, or volunteer position. I will only use the information requested to determine whether to hire or retain the individual.

Name and Title: (PRINT)

Kevin C. Otis, Administrator

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Employee (E), Applicant (A) or Volunteer (V).**

Print E, A, or V's Full Name (including MI):

\_\_\_\_\_  
First Name MI Last Name

E, A, or V's Date of Birth (MM/DD/YYYY):

\_\_\_\_/\_\_\_\_/\_\_\_\_

E, A, or V's Social Security Number (last four digits)

\_\_\_\_\_

E, A, or V's Gender:

\_\_\_\_ Male \_\_\_\_ Female

Other names used (maiden, nickname, former married name etc.):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Employee (E), Applicant (A), or Volunteer (V)**

**Acknowledgement:**

I acknowledge that I have been informed that the North Carolina Division of Social Services will disclose to the above named agency whether my name appears on the Responsible Individuals List, indicating that I am identified as being responsible for the abuse or serious neglect of a juvenile.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**NC DSS Office Use Only**

Form submitted incomplete

Ineligible to request information

As of \_\_\_\_\_ E, A, V's name is NOT on the RIL

As of \_\_\_\_\_ E, A, V's name found on the RIL

Finding:

\_\_\_\_\_

\_\_\_\_\_

Completed by:

Staff Name (Print):

\_\_\_\_\_

Signature:

\_\_\_\_\_

Date: \_\_\_\_\_