

Volunteer Center of North Texas VeriFYI Membership Application

Please send the following documents (required for membership) in addition to this application to:

Volunteer Center of North Texas
2800 Live Oak Street
Dallas, Texas 75204

- Copy of 501c3 Letter; or if tax-supported entity, submit documentation verifying Agency's tax-exempt status
- List of Agency's Board of Directors, Advisory Board, or highest governing body
- Current agency brochure, newsletter or copy of your website homepage

All information must be completed to process your application.

| | | | |
|--|--|-----------------|----------------|
| Date | Agency Name (as listed on 501c3) | | |
| Agency's Date of Incorporation | Mailing Name (if different than agency name) | | |
| Agency's Main Phone Number | Agency's Fax Number | | |
| Agency's Physical Address <input type="checkbox"/> CONFIDENTIAL <input type="checkbox"/> Same as Mailing Address | Street/Suite | City | State Zip |
| Agency's Mailing Address | Street/Suite | City | State Zip |
| County | Closest Major Intersection | Website Address | |
| Agency Mission Statement | | | |
| | | | |
| Agency's Operating Hours: | | | |
| <input type="checkbox"/> Saturday _____ <input type="checkbox"/> Sunday _____ <input type="checkbox"/> Monday _____ <input type="checkbox"/> Tuesday _____ <input type="checkbox"/> Wednesday _____ <input type="checkbox"/> Thursday _____ <input type="checkbox"/> Friday _____ | | | |
| Additional Locations (with addresses and zip codes) | | | |
| | | | |
| Agency Type | | | |
| <input type="checkbox"/> 501c3 <input type="checkbox"/> Tax-Supported Entity <input type="checkbox"/> United Way Agency <input type="checkbox"/> For-Profit Organization <input type="checkbox"/> Faith-Based Organization <input type="checkbox"/> Sports Organization | | | |
| Executive Director | Phone Number | E-Mail Address | |

Please indicate your preference with regards to alias name searches

Occasionally, a background check will uncover an alias that a person has used in the past. Often, running additional searches on the alias name does bring up more information – however, there is no guarantee. The following are your options that can be changed at any time by submitting a written request (email or fax will suffice) to the Volunteer Center. **The fee for each additional alias search is \$1.25 per name/per search.**

- Please do NOT perform alias name searches
- Please contact my agency when alias names are found – we will decide on a case-by-case basis
- Please perform an alias name search when alias names are found

Agency Name _____

| CAUSES / CLIENT POPULATION / ETHNIC BREAKDOWN | | | |
|---|--|---|------------------------------------|
| CAUSES SERVED: (Check NO MORE THAN FOUR Categories) | | | |
| <input type="checkbox"/> Abuse/Domestic Violence | <input type="checkbox"/> Education | <input type="checkbox"/> Legal Issues | |
| <input type="checkbox"/> Adoption | <input type="checkbox"/> Employment/Job Training | <input type="checkbox"/> Literacy | |
| <input type="checkbox"/> AIDS/HIV | <input type="checkbox"/> Environment | <input type="checkbox"/> Mentoring | |
| <input type="checkbox"/> Animal Care/Advocacy | <input type="checkbox"/> Ethnic/Cultural Issues | <input type="checkbox"/> Nonprofit Administration | |
| <input type="checkbox"/> Arts/Culture | <input type="checkbox"/> Food Assistance | <input type="checkbox"/> Recreation/Sports | |
| <input type="checkbox"/> Basic Needs Assistance - Clothing, Housing, etc. | <input type="checkbox"/> Health | <input type="checkbox"/> Senior Services | |
| <input type="checkbox"/> Community Development | <input type="checkbox"/> Homelessness | <input type="checkbox"/> Substances Abuse Prevention | |
| <input type="checkbox"/> Counseling/Crisis | <input type="checkbox"/> Hospice/Home Support | <input type="checkbox"/> Teen Pregnancy/Parenting | |
| <input type="checkbox"/> Disabilities/Mental & Physical | <input type="checkbox"/> Hospital Services | <input type="checkbox"/> Violence Prevention | |
| <input type="checkbox"/> Immigration/Refugee Assistance | | | |
| POPULATION SERVED: (Check NO MORE THAN THREE Categories) | | | |
| <input type="checkbox"/> Adult Men | <input type="checkbox"/> Children/Elementary | <input type="checkbox"/> General Public | <input type="checkbox"/> Teenagers |
| <input type="checkbox"/> Adult Women | <input type="checkbox"/> Children/Preschool | <input type="checkbox"/> Infants | <input type="checkbox"/> Other |
| <input type="checkbox"/> Animals | <input type="checkbox"/> Families | <input type="checkbox"/> Senior Citizens | |
| ETHNIC MAKEUP OF CLIENTS: (Use PERCENTAGES to total 100 percent; use whole numbers only) | | | |
| <input type="checkbox"/> African American _____ | <input type="checkbox"/> Anglo _____ | <input type="checkbox"/> Asian/Pacific Islander _____ | |
| <input type="checkbox"/> Hispanic _____ | <input type="checkbox"/> Native American _____ | <input type="checkbox"/> Other _____ | |
| VeriFYI Membership Agreement | | | |

I (Agency Representative), _____, as a representative of (indicate agency) _____, upon meeting the criteria established for the VeriFYI program, agree to sign and follow the VeriFYI Service Agreement (VSA). The VSA is required for participation in the criminal background check program. By signing this document, I acknowledge that the agency will pay a one-time fee of \$100 and an additional fee for each background check performed, including alias searches. I understand that if I opt to run alias searches automatically, I may change this option by submitting a written letter to the Volunteer Center of North Texas indicating my new choice.

Signature _____ Date _____

| VCNT OFFICE USE ONLY | |
|---|-------------------------------|
| Date Received: | REQ ID # |
| Date Payment Received | Total Amount |
| Orientation Attended | Acceptance Letter Sent |
| Copy of Application Sent To: <input type="checkbox"/> VeriFYI <input type="checkbox"/> Accounting | VCNT STAFF |

