

## VERIFYI Membership Application

In addition to this application, please email the following documents to [verifyi@volnow.org](mailto:verifyi@volnow.org):

- Copy of 501(c)(3) 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 501(c)(3))		
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"/> <b>CONFIDENTIAL</b> <small>Click to choose</small> <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"/> 501(c)(3) <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	
Background Check Contact	Phone Number	E- Mail Address	
Secondary Background Check Contact (if applicable)	Phone Number	E- Mail Address	

**Agency  
Name** \_\_\_\_\_

CAUSES / CLIENT POPULATION / ETHNIC BREAKDOWN			
<b>CAUSES SERVED: (Check NO MORE THAN FOUR Categories)</b>			
<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	<input type="checkbox"/> Health	<input type="checkbox"/> Senior Services	
<input type="checkbox"/> Clothing, Housing, etc.	<input type="checkbox"/> Homelessness	<input type="checkbox"/> Substances Abuse Prevention	
<input type="checkbox"/> Community Development	<input type="checkbox"/> Hospice/Home Support	<input type="checkbox"/> Teen Pregnancy/Parenting	
<input type="checkbox"/> Counseling/Crisis Prevention	<input type="checkbox"/> Hospital Services	<input type="checkbox"/> Violence Prevention	
<input type="checkbox"/> Disabilities/Mental & Physical	<input type="checkbox"/> Immigration/Refugee Assistance		
<b>POPULATION SERVED: (Check NO MORE THAN THREE Categories)</b>			
<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	
<b>ETHNIC MAKEUP OF CLIENTS: (Use PERCENTAGES to total 100 percent; use whole numbers only)</b>			
<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 _____	
<b>VeriFYI Membership Agreement</b>			

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 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 VolunterNow indicating my new choice.

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_