



COUNCIL OF SENIOR CENTERS AND SERVICES OF NYC, INC.  
BILL PAYER PROGRAM

VOLUNTEER APPLICATION FORM

RETURN TO:  
BILL PAYER PROGRAM  
COUNCIL OF SENIOR CENTERS AND SERVICES OF NYC, INC.  
195 MONTAGUE STREET, B-15  
BROOKLYN, NEW YORK, NY 11201

PHONE: 718-858-2164  
FAX: 718-858-2702

**PERSONAL:** (THIS INFORMATION IS REQUESTED TO HELP US BETTER MATCH PEOPLE WITH SIMILAR BACKGROUND, EXPERIENCES AND INTERESTS, AND IS AVAILABLE ONLY TO OUR STAFF)

NAME: \_\_\_\_\_  
(FIRST) (LAST)

ADDRESS: \_\_\_\_\_ APT. # \_\_\_\_\_

CITY: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

EMAIL ADDRESS (PRIMARY): \_\_\_\_\_

EMAIL ADDRESS (SECONDARY): \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_

**EMERGENCY CONTACT INFORMATION:**

NAME: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_

**EDUCATION:**

WHAT IS THE HIGHEST LEVEL OF EDUCATION YOU HAVE OBTAINED?

- HIGH SCHOOL     COLLEGE/VOCATIONAL (DEGREE)     ADVANCED DEGREE

**EMPLOYMENT DETAILS:**

PROFESSION/TYPE OF WORK EXPERIENCE: \_\_\_\_\_

ARE YOU CURRENTLY:  EMPLOYED FULL TIME     PART TIME     SEEKING EMPLOYMENT     RETIRED     STUDENT

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HAVE YOU EVER BEEN CONVICTED OF A CRIME?  No  Yes

DO YOU HAVE A HISTORY OF BANKRUPTCY OR CREDIT PROBLEMS:  No  Yes

VOLUNTEERS ARE ASKED TO MAKE A RENEWABLE ONE-YEAR COMMITMENT. EXCEPT FOR UNEXPECTED DEVELOPMENTS, ARE YOU WILLING AND ABLE TO COMMIT TO THE FULL ONE-YEAR TERM OF THIS PROGRAM?  No  Yes

WILL YOU BE WILLING TO TAKE MORE THAN ONE CLIENT?  No  Yes

BESIDES ENGLISH WHAT OTHER LANGUAGE(S) DO YOU SPEAK FLUENTLY? \_\_\_\_\_

HOW DID YOU HEAR ABOUT THIS PROGRAM? \_\_\_\_\_

RETIRED SENIOR & VOLUNTEER PROGRAM (RSVP) MEMBER  Yes  No

WHAT INTERESTS YOU ABOUT BEING A BILL PAYER VOLUNTEER?

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INTERESTS

WHAT ARE YOUR INTERESTS, HOBBIES, ACTIVITIES, ETC.?

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CLIENT PREFERENCES:

DO YOU HAVE ANY CLIENT PREFERENCES? (CHECK ALL THAT APPLY)

MALE  FEMALE SMOKER :  Yes  No  NO PREFERENCE  OTHER (SPECIFY): \_\_

SMOKER OKAY IF CLIENT DOES NOT SMOKE WHILE YOU ARE THERE?  Yes  No

GEOGRAPHIC PREFERENCE  Yes  No IF YES, PLEASE STATE:

1<sup>ST</sup> GEOGRAPHIC PREFERENCE: \_\_\_\_\_

2<sup>ND</sup> GEOGRAPHIC PREFERENCE: \_\_\_\_\_

PETS O.K.? \_\_\_\_\_ DO YOU HAVE ALLERGIES? \_\_\_\_\_

TRAVELING STRENGTH:

DO YOU OWN A CAR:  No  Yes

ARE YOU WELL VERSED IN TRAVELING AROUND USING BUSES, TRAINS OR DRIVING?  No  Yes

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**OFFICE SKILLS:**

ARE YOU COMFORTABLE WORKING WITH COMPUTERS:  No  Yes

DO YOU HAVE INTERNET ACCESS AT HOME:  No  Yes

DO YOU HAVE MICROSOFT OFFICE (WORD, EXCEL) OR EQUIVALENT ON YOUR COMPUTER:  No  Yes

**OTHER VOLUNTEER ASSIGNMENTS:**

IN ADDITION TO, OR INSTEAD OF BECOMING A BILL PAYER VOLUNTEER, WOULD YOU BE WILLING TO PROVIDE HELP IN ONE OR MORE AREAS LISTED BELOW?  YES  NO If YES, PLEASE CHECK

- PROVIDE TEMPORARY HELP TO A VOLUNTEER WHO IS ON LEAVE OR VACATION.
- PROVIDE GENERAL OFFICE ASSISTANCE (OFFICE AIDE POSITION).
- MONITOR BILL PAYER'S WORK WITH CLIENT ACCOUNTS (MONITOR POSITION)

AVAILABLE START DATE: \_\_\_\_\_

I UNDERSTAND THAT MY REFERENCES WILL BE CONTACTED AND THAT THE SPONSORING AGENCY WILL DO A CREDIT/CRIMINAL RECORDS CHECK ON QUALIFIED APPLICANTS. I CONSENT TO THE RELEASE OF ALL RELEVANT INFORMATION CONCERNING MY ABILITY AND FITNESS TO WORK AS A BILL PAYER VOLUNTEER. I CERTIFY THAT THE INFORMATION GIVEN HEREIN IS ACCURATE TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND THAT THIS INFORMATION WILL BE HELD IN CONFIDENCE AND NOT RELEASED TO ANY OTHER PERSON OR AGENCY.

SIGNATURE: \_\_\_\_\_

PRINT NAME: \_\_\_\_\_

DATE: \_\_\_\_\_

PLEASE USE SPACE BELOW TO ADD ANY ADDITIONAL INFORMATION YOU WISH TO INCLUDE IN THIS APPLICATION.



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**AUTHORIZATION FOR CREDIT/BACKGROUND CHECK**

AS PART OF THE VOLUNTEER SCREENING PROCESS, COUNCIL OF SENIOR CENTERS AND SERVICES OF NEW YORK CITY, INC. (CSCS) WILL OBTAIN A CONSUMER REPORT (KNOWN AS INVESTIGATIVE CONSUMER REPORT IN CALIFORNIA), WHICH I UNDERSTAND MAY INCLUDE INFORMATION REGARDING MY CREDIT WORTHINESS, CREDIT STANDING, CREDIT CAPACITY, CHARACTER, GENERAL REPUTATION, PERSONAL CHARACTERISTICS, OR MODE OF LIVING.

DURING THE APPLICATION PROCESS AND AT ANY TIME DURING THE TENURE OF MY SERVICE WITH CSCS, I HEREBY AUTHORIZE **FIRST ADVANTAGE/VOLUNTEER ADVANTAGE**, ON BEHALF OF CSCS TO PROCURE A CONSUMER REPORT (KNOWN AS AN INVESTIGATIVE CONSUMER REPORT IN CALIFORNIA) WHICH I UNDERSTAND MAY INCLUDE INFORMATION REGARDING MY CREDIT WORTHINESS, CREDIT STANDING, CREDIT CAPACITY, CHARACTER, GENERAL REPUTATION, PERSONAL CHARACTERISTICS, OR MODE OF LIVING. THIS REPORT MAY BE COMPILED WITH INFORMATION FOR CREDIT BUREAUS, COURTS RECORDS REPOSITORIES, DEPARTMENTS OF MOTOR VEHICLES, PAST OR PRESENT EMPLOYERS AND EDUCATIONAL INSTITUTIONS, GOVERNMENTAL OCCUPATIONAL LICENSING OR REGISTRATION ENTITIES, BUSINESS OR PERSONAL REFERENCES, AND ANY OTHER SOURCE REQUIRED TO VERIFY INFORMATION THAT I HAVE VOLUNTARILY SUPPLIED. I UNDERSTAND THAT I MAY REQUEST A COMPLETE AND ACCURATE DISCLOSURE OF THE NATURE AND SCOPE OF THE BACKGROUND VERIFICATION, TO THE EXTENT SUCH INVESTIGATION INCLUDES INFORMATION BEARING ON MY CHARACTER, GENERAL REPUTATION, PERSONAL CHARACTERISTICS OR MODE OF LIVING. **ALL OF THE FIELDS BELOW MUST BE COMPLETED.**

**APPLICANT NAME:** \_\_\_\_\_

**STREET ADDRESS:** \_\_\_\_\_

**CITY, STATE, ZIP CODE:** \_\_\_\_\_

**PHONE NUMBER:** \_\_\_\_\_

**DATE OF BIRTH:\*** \_\_\_\_\_

**SOCIAL SECURITY NUMBER:** \_\_\_\_\_

**APPLICANT SIGNATURE:** \_\_\_\_\_

**\*FOR IDENTIFICATION PURPOSES ONLY.**

**NOTE: HAVE YOU BLOCKED YOUR CREDIT REPORT?**

YES       NO

**IF YES, PLEASE REMOVE THE BLOCK OR SEND US A COPY OF A RECENT CREDIT REPORT (NO MORE THAN 3 MONTHS OLD). WE CANNOT PROCEED WITH THE APPLICATION PROCESS UNLESS WE HAVE A RECENT CREDIT REPORT.**

**REVISION: DECEMBER 2013**