

Alternatives for the Older Adult

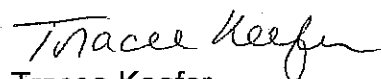
Dear Volunteer,

Thank you for your interest in volunteering for Alternatives for the Older Adult. By offering your time and energy, you are furthering Alternative's mission of helping older adults and their families achieve independence and quality of life.

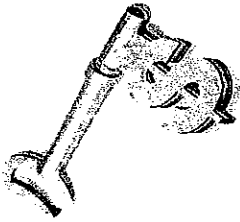
Please find enclosed a volunteer application, a criminal background check form, credit check (Money Management volunteers only), a job description, an example of a person we have helped, and an Annual Report.

After you have completed and returned the volunteer application, background check, and credit check (if applicable) we will call you to set up a training date, which typically lasts about two hours. After the training you will be ready to be matched with your older adult. We want to take this opportunity to thank you for your interest and support of our mission, and to let you know if you EVER have questions or concerns, to please let us know. We are very lucky to have you with us, and want you to have a rewarding volunteer experience.

With Gratitude,



Tracee Keefer
Development



Top 10 Reasons To Feel Good About Being A Money Management Volunteer

1. You prevented someone from becoming homeless.
2. You prevented someone from having to file bankruptcy.
3. You prevented a lonely, frail older adult from being harassed about bills they have no way of paying.
4. You helped an older person gain self-esteem by helping them open and build a savings account.
5. You see an older person smile because they know that someone does care.
6. You helped an older person learn about things like predatory lending, scams and other things that may hurt them.
7. You helped an older person avoid nursing home placement by being “their eyes” when they can’t see their bills to pay them.
8. You helped an older person avoid losing their life savings because you have replaced the person who was “helping” them and taking their money.
9. You are a companion that that an older person looks forward to seeing.
10. You made a difference in someone’s life.

To volunteer, call Tracee Keefer at 800-798-0988.



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for the Older Adult

AARP FOUNDATION Money Management Program

JOB DESCRIPTION Volunteer Bill Payer & Rep Payee

SUMMARY

The volunteer bill payer monitor compares the bill payer volunteer's monthly reports with the client's bank statements and canceled checks to make sure bills are being paid correctly. The purpose of this activity is to provide the program with an independent monitoring component, which oversees and helps safeguard the client's financial situation.

Duties and Responsibilities of a volunteer bill payer monitor

- Completes initial orientation/training and attend periodic meetings of volunteers.
- Compares bill payer and rep payee reports to both bank statements and budget and make home visits to clients if necessary
- Performs tasks in accordance with volunteer guidelines.
- Reports promptly any problems with client accounts to program coordinator.
- Notifies the program coordinator in a timely way of any problems with assignments or planned absences from the program.
- Data entry for rep payee clients into Quicken computer data base
- Filing
- Enter volunteer and staff hours into client service log for review by program director

Qualifications of a volunteer bill payer monitor

- General knowledge of household budgeting and personal finance management.
- Accuracy in maintaining financial records
- Patience and tactfulness; ability to work cooperatively with a wide variety of individuals, including people with significant physical and mental impairments and varying socioeconomic backgrounds.
- Willingness to provide own transportation to visit clients.

Commitment of a volunteer bill payer monitor

Contributes approximately 10 – 15 hours monthly with a one-year renewable commitment.

DISCLOSURE

Because our agency works with vulnerable older adults, all potential employees must pass a criminal background and credit information reports prior to beginning their assigned duties. As indicated in the Fair Credit Reporting Act (15 USC at 1681-1681u) we must have your written permission to obtain this information. You have a right to a complete and accurate disclosure of the nature and scope of the investigation. You are entitled to a copy of your rights under the Fair Credit Report Act.

AARP Foundation
ILLINOIS VOLUNTEER MONEY MANAGEMENT PROGRAM
VOLUNTEER APPLICATION FORM

Return to:

Sponsoring Agency

Address

City, State, Zip

OFFICE USE ONLY

Received _____

Trained _____

Interviewed _____

Reference Check _____

Matched _____

Other _____

PERSONAL INFORMATION: (This confidential information is requested to help us better match people with similar background, experiences, and interests.)

Name: _____

Address: _____

City/State

ZIP

Phone: _____

(Home) (Office) Birthdate (year optional)

Profession/Type of Work Experience: _____

Current Employer/Address/Telephone: _____

Are you currently employed: Full time ___ Part time ___ Seeking employment ___ Retired ___

Please describe your *volunteer* experience; (include any service or charitable organizations whose activities may relate to this job.)

Organization/Date Responsibilities

How did you hear of the Money Management Program? _____

What interests you about being a Money Management Volunteer? _____

What is the highest level of education you have attained?

High school _____ College or other post high school education _____ Advanced Degree _____

Do you have any educational or life experiences that would be helpful for this job?

Address: _____
City/State _____ Zip _____

Telephone: _____
(Home) _____ (Office) _____

Volunteer Application, page 3

OTHER INFORMATION:

Have you ever been convicted of a felony or denied bond? No _____ Yes _____

In addition to, or instead of becoming a Bill Payer or Representative Payee 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 Money Management Volunteer on leave or vacation
- _____ Assist with volunteer recruitment in your area.
- _____ Provide general office assistance (Office Aide).
- _____ Monitor money management volunteer's work with client accounts (Monitor).

In case of an emergency, please contact: _____ Phone: _____

Volunteers are asked to make a renewable one-year commitment to this job. Barring unexpected emergencies, or anticipated travel, are you willing and able to commit to the full one-year term of this program? _____ Yes

Anticipated extended travel or vacation dates _____

I understand that the references listed above will be contacted and that the sponsoring agency will do a 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 or Representative Payee 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 _____ Date _____

PCN: 12288902 F

DCN: 315814770

Cost Center

ILLINOIS STATE POLICE

Division of Administration
Bureau of Identification
260 N. Chicago Street
Joliet, Illinois 60432-4075

CONVICTION INFORMATION REQUEST-NON FINGERPRINT FORM

Agency Number: _____

Instructions: This form must be filled out completely and correct fees attached. Make all checks payable to the Illinois State Police. Failure to comply with these instructions will result in the return of this request unprocessed. Errors caused by illegible writing will be returned and require an additional fee upon resubmission.

This request is for employment or licensing purposes.

Yes

No

Subject Information

Subject

Name: _____

Last Name

First Name

Middle Initial

Date of Birth _____

month day year

Sex: _____

Race: _____

Valid Codes for Sex

Valid Codes for Race

Male M

White W

Female F

Black B

Unknown U

Asian/Pacific Islands A

American Indian/Alaskan I

Unknown U

SS# _____

Subject Signature _____

Requester Information

Requester

Name: _____

Last Name

First Name

Middle Initial

Agency: _____

(if any)

Street Address: _____

City: _____

State: _____

Zip Code: _____

Requester Signature _____

(Please Type or Print All Information)

Only Original Form Will Be Accepted By ISP

CONSUMER SUMMARY

A Summary of Your Rights Under the Fair Credit Reporting Act

The federal Fair Credit Reporting Act ("FCRA") is designed to promote accuracy, fairness, and privacy of information in the files of every "consumer reporting agency" (CRA). Most CRAs are credit bureaus that gather and sell information about you - such as if you pay your bills on time or have filed bankruptcy - to creditors, employers, landlords, and other businesses. You can find the complete text of the FCRA, 15 U.S.C. 1681 - 1681u, at the Federal Trade Commission's web site (<http://www.ftc.gov>). The FCRA gives you specific rights, as outlined below. You may have additional rights under state law. You may contract a state or local consumer protection agency or state attorney general to learn those rights.

- **You must be told if information in your file has been used against you.** Anyone who uses information from a CRA to take action against you - such as denying an application for credit, insurance, or employment - must tell you, and give you the name, address, and phone number of the CRA that provided the consumer report.
- **You can find out what is in your file.** At your request, a CRA must give you the information in your file, and a list of everyone who has requested it recently. There is no charge for the report if a person has taken action against you because of information supplied by the CRA, if you request the report within 60 days of receiving notice of the action. You are also entitled to one free report every twelve months upon request if you certify that (1) you are unemployed and plan to seek employment within 60 days, (2) you are on welfare, or (3) your report is inaccurate due to fraud. Otherwise, a CRA may charge you up to eight dollars.
- **You can dispute inaccurate information with the CRA.** If you tell a CRA that your file contains inaccurate information, the CRA must investigate the items (usually within 30 days) by presenting to its information source all relevant evidence you submit, unless your dispute is frivolous. The source must review your evidence and report its findings to the CRA. (The source also must advise national CRAs - to which it has provided the data of any error). The CRA must give you a written report of the investigation and a copy of your report if the investigation results in any change. If the CRA's investigation does not resolve the dispute, you may add a brief statement in future reports. If an item is deleted or a dispute statement is filed, you may ask that anyone who has recently received your report be notified of the change.
- **Inaccurate information must be corrected or deleted.** A CRA must remove or correct inaccurate or unverified information from its files, usually within 30 days after you dispute it. However, the CRA is not required to remove accurate data from your file unless it is outdated (as described below) or cannot be verified. If your dispute results in any change to your report, the CRA cannot reinsert into your file a disputed item unless the information source verifies its accuracy and completeness. In addition, the CRA must give you a written notice telling you it has reinserted the item. The notice must include the name, address and phone number of the information source.
- **You can dispute inaccurate items with the source of the information.** If you tell anyone such as a creditor, who reports to a CRA, that you dispute an item, they may not then report the information to a CRA without including a notice of your dispute. In addition, once you have notified the source of the error in writing, it may not continue to report the information if it is, in fact, an error.
- **Outdated information may not be reported.** In most cases, a CRA may not report negative information that is more than seven years old - ten years for bankruptcies.
- **Access to your file is limited.** A CRA may provide information about you only to people with a need recognized by the FCRA usually to consider an application with a creditor, insurer, employer, landlord, or other business.
- **Your consent is required for reports that are provided to employers, or reports that contain medical information.** A CRA may not give out information about you to your employer, or prospective employer, without your written consent. A CRA may not report medical information about you to creditors, insurers, or employers without your permission.

PRE-NOTIFICATION OF BACKGROUND INQUIRY

For and in consideration of my contracted services thru **Alternatives for the Older Adult**, I hereby authorize and request that an "investigative consumer report" (background inquiry) be compiled regarding the undersigned. I understand that this inquiry may include information regarding my character, personal characteristics, mode of living, and general reputation.

By placing my signature below, I acknowledge that this background inquiry may involve the request of any or all of the following (as allowed by law):

- Any public record of criminal convictions.
- Any incident of dishonesty, theft, moral turpitude, violence, or drug-related offenses reported by merchants, employers, businesses or individuals.
- Any credit bureau report.
- Any driving history related to infractions or accidents.
- Any previous employment records
- Any public, semi-public, or proprietary records from any record repository

[Handwritten initials] _____ (Initials of applicant)

I hereby authorize and request the cooperation of any governmental or law enforcement agencies, credit bureaus, proprietary databases, former employers, business sources, or individuals called upon by **Alternatives for the Older Adult** or its authorized agent, Per Mar Security and Research Corporation (henceforth: "Per Mar"), in the release and dissemination of the requested information.

[Handwritten initials] _____ (Initials of applicant)

I further authorize **Alternatives for the Older Adult** or its agent, Per Mar, to make further like inquiries from time to time, as deemed necessary for employment purposes. I waive any further notice with respect to the inquiries made by or on behalf of **Alternatives for the Older Adult**, and agree to generally release and fully discharge **Alternatives for the Older Adult**, Per Mar, every such law enforcement agency, every such governmental agency, every such prior employer, every such credit bureau, database, or individual with regard to the release and dissemination of the requested information.

[Handwritten initials] _____ (Initials of applicant)

I understand that I may obtain a free copy of this "consumer report," where applicable, if an adverse action or decision is made based upon the information in the "consumer report." I must make a written request within 60 days of the adverse action/decision.

A photocopy of this authorization and release shall be considered as effective and valid as the original.

Applicant, please complete all of the following information (additional pages may be used, if needed):

[Handwritten mark] Full Legal Name: _____

[Handwritten mark] Addresses for the last seven years to include house number, street name, City, State, and County:

[Handwritten mark] Previous names or aliases: _____

[Handwritten mark] Social Security Number: _____ Date of Birth: _____

[Handwritten mark] Driver's License State: _____ Driver's License Number: _____

[Handwritten signature]

Signature

[Handwritten date]

Date

The information requested above is done so for the purpose of conducting a continued employment investigation only.