

GivingBack

Affiliate Application Package

Application Instructions

Please complete all of the items listed below before submission. We request that all documents are submitted at one time. Please stack your application in the order below. You may fax, 928-556-9519, or e-mail the application to info@GivingBackAZ.org.

- I. Application Fee of \$150.00 To GivingBack (checks only please)
- II. Complete Application
- III. Signed Verbal Employee Check
- IV. Signed Background Authorization & Release Form
- V. Biography or Resume (please include the following items below as they apply)
 - a. College education and any professional seminars, business and personal development coaching, etc.
 - b. Community involvement, committees, associations, etc.-past or present
 - c. Volunteer efforts-past or present
- VI. 1 Professional reference letter
- VII. 1 Client reference or testimonial letter
- VIII. An emailed photograph of you or your team and company logo to be posted on the website

If you have any questions about the requested items, please feel free to email our office at info@GivingBackAZ.org.

We greatly appreciate your interest in becoming a part of the GivingBack Network! We feel that is a great privilege to give back to those who have given to our community over the years.

Nikki Turner
Founder & Program Director
GivingBack

GivingBack

Verbal Employee Reference Check

Current Employer: _____

Phone Number: _____

Affiliate Applicant Signature

Date

Verbal Communication Check Conducted by Employee of GivingBack

Name of Person Confirming Information: _____

Date of Employment With Your Firm from: _____ to: _____

Position: _____

Good Standing: _____

Conducted by

Date



Background Check and Authorization & Release

In connection with your application for GivingBack, understand that consumer reports of investigative consumer reports which may contain public record information may be requested or made on you including consumer credit, criminal records, driving records, education, current and prior employer verification, workers compensation claims and others. These reports will include experience along with reasons for termination of past employment. Further, understand that information from various Federal, State, local and other agencies which contain your past activities will be requested.

By signing below, you hereby authorize without reservation, any party or agency contacted by GivingBack to furnish the above mentioned information.

Applicant Signature _____ Date _____

Name: _____
Last First Middle

Position: _____

Maiden Name or AKA: _____

Soc Sec #: _____ Sex: _____ Race: _____ DOB: _____

Driver's Lic #: _____ Issuing State: _____

Addresses: (past 5 years)

Current Address: _____

Previous Address: _____

Previous Address: _____

Previous Address: _____

Previous Address: _____
