



909 Spiva Avenue
P. O. Box 88
Yuba City, CA 95992
530/755-3491
yhandsofhope@sbcglobal.net
www.yhandsofhope.org

Volunteer Sign Up For Family Emergency Winter Shelter Project

Rev. 11-24-09

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1. Fill out and mail or deliver a Volunteer Resources Form to Hands of Hope. We are open on Tuesdays and Thursdays from noon to 6 pm, and Wednesdays from 3 pm to 6 pm.
2. Take care of fingerprinting **ASAP**. See attached instructions. It can take 2 – 6 weeks for clearance.
3. Attend a training & orientation scheduled every Monday, 6:00 P.M. at Hands of Hope, 909 Spiva St., Yuba City. All volunteers must attend the Child Abuse Prevention (CAP) training session.

Approximate shift times are daily: 6 A.M. to 8 A.M., 6 P.M. to 8 P.M., and overnight 7 P.M. to 7 A.M.

After you are notified of your fingerprint clearance and you have completed the CAP training go to our website www.yhandsofhope.org, or call the phone numbers below for more information on getting scheduled.

Hands of Hope 755-3491
Gordon Beall 916-212-9698, or
Karen Lazzareschi 755-2734

*Hands of Hope is a
501 (c) 3 non-profit
corporation.*

*Federal Tax ID
#20-3192107*

*Affirming the spiritual and human dignity and worth of all persons
regardless of life circumstance, faith, culture, race, or ethnic tradition*



Volunteer Resources Form

Mail to Hands of Hope, P O Box 88, Yuba City, CA 95992. Put completed forms in Volunteer Coordinator's inbox. ph: 755-3491, email ychandsofhope@sbcglobal.net

Please note: At present, all volunteers working **in the center** must be able to pass a background check and attend our Child Abuse Prevention training. To pass the background check, one must not have been convicted of a felony. However, as you can see below, there are many ways in which you can serve Hands of Hope families. Please continue to fill out the form, and check here if you would like a confidential phone call regarding your concerns about background checks.

Date _____

Mr. Mrs. Ms. Dr. First Name _____ Last Name _____

Use preferred mailing address, phone numbers, and e-mail

Business Name _____

Street or p.o. box _____

City, State, Zip _____

Is this address your _____ home _____ place of work _____ other

Daytime phone _____ Evening phone _____ Other phone _____

Email address PLEASE!!! _____

Other address

Business Name _____

Street _____

City, State, Zip _____

Is this address your _____ home _____ place of work _____ other

Emergency Contact

Name _____ Phone _____ Relationship _____

Check the areas in which you would like to volunteer:

- Community Events
 - Front desk
 - Team Resources
 - Service Coordinator
 - Play area supervisor/tutor
 - Phoning volunteers
 - Computer skills
 - Fetch, carry, haul, errands
 - Hospitality
 - Fundraising
 - Translation Language(s) _____
 - Compassionate listening
 - Clothes closet
 - Other, please describe below
- X FAMILY WINTER SHELTER PROJECT**

Do you have other skills or interest you think might serve Hands of Hope guests?

Please indicate limitations or concerns about volunteering in the above areas

- Mail or deliver the Volunteer Resources form to Hands of Hope.
- Take the directions for background check and 2 copies of the original Request for Live Scan service with you to get fingerprinted.
- Attend the next Child Abuse Prevention Training, take and return the short quiz. Call 755-3491 for training schedule.
- Wait for notice from the Center that you are cleared to work in the Center.
- Call us if you haven't heard from us within 45 days.

Directions for Fingerprint/Background Check
rev. 11/24/09

1. You will need to fill out the form entitled Request for Live Scan Service (referred to in these directions as the RLSS).
2. The RLSS consists of 6 separate sections. The only section you need to fill out is the third section that requests your personal information. It begins with “Name of Applicant”.
3. Either make two 2 copies of your complete application on a copy machine, or hand write your information on all 3 blank forms. (The law enforcement agency doing the fingerprinting may or may not make copies for you after they complete your part. If they won’t, ask them to complete your other 2 copies.)
4. Take your Live Scan/Fingerprint/Background check documents (three terms for the same thing) to one of the following locations. Give them your documents and they will know what to do.
 - Yuba County Sheriff’s Department which is right off the lobby of the Yuba County Courthouse located at 5th and B Streets in Marysville. They do fingerprinting on Mondays and Thursdays from 1 pm to 4 pm.
Yuba County charges \$15.00
 - Sutter County Sheriffs Department located at 1077 Civic Center Blvd., in Yuba City. Go to the Civil Division window. They do fingerprinting Monday thru Friday 9 am to noon, or 1pm to 3 pm.
Sutter County charges \$25.00.
 - The UPS Store at 1040 Lincoln Rd., Ste # A, Yuba City. They do fingerprinting Monday – Friday 9 am to 7 pm, Saturday 10 am to 4 pm. Tell them you are from Hands of Hope and they will give you a \$ 5.00 discount. Thank them for their support.
The UPS Store after the discount charges \$ 20.00.
5. Keep one of the copies for yourself. The other needs to be returned to Hands of Hope.

If you have any questions about fingerprinting,
please call Jim Bursey 673-2375 or 713-9911.



REQUEST FOR LIVE SCAN SERVICE

Applicant Submission

AA585
ORI (Code assigned by DOJ)

Employment
Authorized Applicant Type

Volunteer
Type of License/Certification/Permit OR Working Title (Maximum 30 characters - if assigned by DOJ, use exact title assigned)

Contributing Agency Information:

Hands of Hope
Agency Authorized to Receive Criminal Record Information

11929
Mail Code (five-digit code assigned by DOJ)

P O Box 88
Street Address or P.O. Box

Mike Mannshardt
Contact Name (mandatory for all school submissions)

Yuba City CA 95992
City State ZIP Code

(530) 674-7715
Contact Telephone Number

Applicant Information:

Last Name

First Name Middle Initial Suffix

Other Name (AKA or Alias) Last

First Suffix

Date of Birth Sex Male Female

Driver's License Number

Height Weight Eye Color Hair Color

Billing Number N/A
(Agency Billing Number)

Place of Birth (State or Country) Social Security Number

Misc. Number N/A
(Other Identification Number)

Home Address Street Address or P.O. Box

City State ZIP Code

Your Number: _____
OCA Number (Agency Identifying Number)

Level of Service: DOJ FBI

If re-submission, list original ATI number:
(Must provide proof of rejection)

Original ATI Number _____

Employer (Additional response for agencies specified by statute):

N/A
Employer Name

Mail Code (five digit code assigned by DOJ)

Street Address or P.O. Box

City State ZIP Code

Telephone Number (optional)

Live Scan Transaction Completed By:

Name of Operator

Date

Transmitting Agency LSID

ATI Number Amount Collected/Billed



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Contact Name (mandatory for all school submissions)

Yuba City CA 95992
City State ZIP Code

(530) 674-7715
Contact Telephone Number

Applicant Information:

Last Name

First Name Middle Initial Suffix

Other Name (AKA or Alias) Last

First Suffix

Date of Birth Sex Male Female

Driver's License Number

Height Weight Eye Color Hair Color

Billing Number N/A
(Agency Billing Number)

Place of Birth (State or Country) Social Security Number

Misc. Number N/A
(Other Identification Number)

Home Address Street Address or P.O. Box

City State ZIP Code

Your Number: _____
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