



Volunteer Application

Name: _____ DOB:* _____

Address: _____

City: _____ State _____ ZIP _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Email: _____

Education: High School HSE (GED) Associates Degree Undergraduate Degree Graduate Degree

9th Grade 10th Grade 11th Grade 12th Grade HSE

Emergency Contact:

Name: _____

Phone Number: _____ Relationship: _____

General Availability:

Monday _____ Tuesday _____ Wednesday _____

Thursday _____ Friday _____ Special Events _____

Required or Preferred number of hours: _____ per day/week/month

Please briefly describe your general interests, skills, previous volunteer experience:



References

Volunteer

Name: _____

List two personal references:

1. Name: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Address: _____

2. Name: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Address: _____

I hereby give my consent for the CEO Community CARES Specialist to contact my references: to contact my employers, past and present; and to conduct a routine background check if necessary.

Volunteer Signature

Date

Parent/Guardian signature (If under 18 years of age)

Date

(*no one under 17 can volunteer without a parent or guardian accompanying them.)



Volunteer Confidentiality Statement

I, _____, a volunteer with the CEO shall respect the privacy of the people served by the agency and the staff employed by the agency, whether I obtain such information through written record or through professional or social interaction. I will not disclose any information or confidences except:

1. To prevent a clear and present danger
2. If compelled by the court system

I, upon my termination, shall maintain this confidentiality. I understand that violation of this promise will result in my termination from the Volunteer Program.

Name (printed)

Signature

Date

Parent/Guardian signature (If under 18 years of age)

Date



Volunteer Conviction Statement

In accordance with Section 390-b of the Social Service Law, I certify that to the best of my knowledge and belief, I

_____ have

_____ have *not*

been convicted of a crime in New York State or any other jurisdiction.

If I have been convicted of a crime, I will provide true and accurate information concerning the crime for which I was convicted, the date of conviction and any other relevant information on an attached document.

I understand that my failure to truthfully and accurately state whether I have been convicted of a crime and/or to provide truthful and accurate information concerning the conviction(s) may constitute grounds for the denial or termination of any employment, internship, or volunteer work.

Name (printed)

Signature

Date

Parent/Guardian signature (If under 18 years of age)

Date



MEDIA CONSENT FORM

Name: _____

I hereby consent to the participation in interviews, the use of names or quotes, and the taking of photographs, movies or video tapes of the individual named above by CEO. I also grant to the right to edit, use, and reuse said products for non-profit purposes including use in print, on the internet, and all other forms of media.

I also hereby release the CEO and its agents and employees from all claims, demands, and liabilities whatsoever in connection with the above.

Signature *(must have parent's signature if minor)*

Date_____

Parent/Guardian signature (If under 18 years of age)

Date



Volunteer Consent

We appreciate all the work that volunteers do for us and we hope to make this a satisfying and fun experience for you as well. These guidelines have been established to create a safe, productive and gratifying volunteer experience for everyone.

Volunteer Policies:

- Volunteers must not report to the CEO under the influence of alcohol or any other mind-altering drug/substance.
- Individuals convicted of a violent crime or any type of domestic abuse will not be accepted as volunteers.
- All matters pertaining to customers will be considered strictly confidential.
- Dress is expected to be appropriate and in alignment with the program in which the volunteering occurs.
- When representing the CEO in public, volunteers are expected to act professionally, upholding the mission of CEO.
- No forms of harassment will be tolerated. CEO is committed to providing a work environment where women and men can work together comfortably and productively, free from all forms of harassment, sexual or otherwise.
- There is no smoking policy at CEO. Smoking is allowed outdoors 100 feet away from the building.
- All accidents or injuries must be reported to your immediate supervisor or the Community CARES Specialist. Report all injuries including minor injuries such as bruises and scrapes. Fill out an accident report provided by your supervisor.
- All donated hour must be accurately recorded according to the system presented by your direct supervisor. The direct supervisor or the Community CARES Specialist must be notified as soon as possible if the volunteer is delayed or unable to keep the agreed upon schedule.
- All questions or problems should be brought to the Community CARES Specialist or the direct supervisor.



In return CEO agrees to:

- Provide adequate job training.
- Provide adequate space and good working conditions.
- Maintain record of all volunteer hours.
- Provide references and /or confirmation of hours worked (with advance notice).
- As an equal opportunity employer, it is our policy to ensure that each volunteer is accorded equal treatment and opportunity.

Volunteer Signature: _____ Date: _____

Parent/Guardian signature (If under 18 years of age)

Date

Staff Signature: _____ Date: _____