

ARISE at the FARM VOLUNTEER APP. FORM

We consider individuals for all volunteer opportunities without regard to race, religion, creed, gender, national origin, age, disability, marital or veteran status, sexual orientation, or any other legally protected status.

PLEASE PRINT

Opportunities Applied For _____ Date: _____

How did you learn about us?

- Advertisement Relative Inquiry
 Employment Agency Friend Other

Last Name	First Name	MI
Address	Number	Street
	City	State
		Zip Code
Telephone Number(s)		Alternate Phone Number(s)

Why are you interested in volunteering for ARISE?

Best time to contact you is: _____ : ____ am/pm

If you are under 18 years of age, can you provide required proof of your eligibility to do volunteer work? Yes No

Have you ever filed an application with us before? Yes No
 If Yes, give date _____

Have you ever volunteered with us before? Yes No
 If Yes, give date _____

Do any of your friends or relatives work or volunteer here? Yes No

Are you currently employed? Yes No
 If yes, may we contact your present employer for references? Yes No

Have you ever been convicted of a misdemeanor or felony? Yes No
 Are there any criminal charges pending against you? Yes No

Have you ever been the subject of an indicated report of child abuse, neglect or maltreatment? Yes No
 If yes, was it a founded case? Yes No
 If yes, was your record expunged? Yes No

Please list three (3) professional or personal references that we may contact in consideration for any volunteer opportunities:

Name: _____ Phone Number: (____) _____
Address: _____

Name: _____ Phone Number: (____) _____
Address: _____

Name: _____ Phone Number: (____) _____
Address: _____

In order to meet the requirements of New York State Department of Health requirements for the safety of consumers in our day camp programs, please provide your date of birth: ____/____/____. This information is required in order for ARISE at the Farm to comply with the need to determine whether an employee or volunteer is listed on the NYS Division of Criminal Justice Services (DCJS) Sex Offender Registry.

Have you had a Tuberculin Skin Test in the last 12 months? Yes No

If yes, please provide a copy of the results and attach to this application form.

Please describe any special skills, training, or experience you may have:

APPLICANT'S STATEMENT

I certify that answers given herein are true and complete.

I authorize investigation of all statements contained in this application for volunteering as may be necessary in arriving at a decision to utilize my volunteer services.

This application to perform volunteer services shall be considered active for a period of time not to exceed six months.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any volunteer relationship with this organization is an *at will* nature, which means that the Volunteer may resign at any time and the Agency may release Volunteer at any time with or without cause. It is further understood that this "at will" volunteer relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

If I am applying to volunteer with consumers with whom I will have regular and substantial unsupervised, unrestricted physical contact, I understand that I must sign a "Criminal History Record Check Consent Form," present photo identification, and submit to being fingerprinted. If I am to volunteer in a similar capacity with consumers under age 18, I understand that I must complete a "State Central Register Database Check" form which will be submitted to the New York State Office of Children and Family Services to determine whether I have ever been the subject of an indicated case of child abuse or maltreatment.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand also that as a volunteer and/or employee, I am required to abide by all rules and regulations of the Employer.

Signature of Volunteer Applicant

Date

Please Print Name

Revised: 10/30/09