

ARISE APPLICATION FOR VOLUNTEERING

We consider individuals for all volunteer opportunities without regard to race, color, 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:
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How did you learn about us?

- | | | |
|--|-----------------------------------|----------------------------------|
| <input type="checkbox"/> Advertisement | <input type="checkbox"/> Relative | <input type="checkbox"/> Inquiry |
| <input type="checkbox"/> Employment Agency | <input type="checkbox"/> Friend | <input type="checkbox"/> 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 been employed 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

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 or maltreatment? 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: _____

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 engaging in volunteer service, I understand that false or misleading information given in my application and/or interview(s) may result in termination of volunteer service. I also understand that I am required to abide by all rules and regulations of the Agency.

Signature of Volunteer Applicant

Date

Social Security Number

Revised: 8/16/07
Revised by: sabh/kml