



VOLUNTEER APPLICATION

We consider applicants for all positions without regard to race, religion, creed, gender, age, disability, marital or veteran status, sexual orientation or any other legally protected status.

Position Applied For: _____ Date: _____

How did you learn about us?

Advertisement Relative Inquiry Employment Agency Friend

Other (please specify): _____

APPLICANT INFORMATION (Please Print)

Last Name: _____ First Name: _____ MI: _____

Street Address: _____

Apt/Unit # _____ City: _____ State: _____ Zip: _____

Phone: _____ Alternate Phone: _____

E-mail Address: _____

Best time to contact you (AM/PM): _____

Date available to volunteer: _____

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, please list date: _____

Have you ever been employed or volunteered with us? Yes No
If yes, please list 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

REFERENCES

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

Reference #1

Name: _____ Phone Number: _____

Business Name: _____

Business Address: _____

Reference #2

Name: _____ Phone Number: _____

Business Name: _____

Business Address: _____

Reference #3

Name: _____ Phone Number: _____

Business Name: _____

Business Address: _____

Why are you interested in volunteering with ARISE at the Farm?

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 twelve months.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any volunteer relationship with this organization is of an at will nature, which means that the Volunteer may leave volunteer service 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 clients 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 clients 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, maltreatment or neglect. Other NYS / OPWDD / ARISE requirements will also be met, including but not limited to the MHL and SEL.

Because this agency provides services to clients and individuals, and subsequently bills Medicaid for services provided in an aggregate amount that exceeds \$50,000 annually, I understand each volunteer will be subject to periodic exclusion checks to verify that no one has been excluded from federal healthcare programs. An exclusion check is a search of the following databases to determine if the individual's name appears on any list:

- **NYS Office of the Medicaid Inspector General's List of Excluded and Terminated Providers**
<http://www.omig.state.ny.us/fraud/medicaid-terminations-and-exclusions>
- **Office of the Inspector General, US Dept. of Health & Human Services List of Excluded Individuals/Entities** <http://exclusions.oig.hhs.gov/>
- **System for Award Management** - www.sam.gov This is the Official US Government system that consolidated the EPLS list with other federal procurement systems

I understand that false or misleading information given in my application or interview(s) may result in release. I understand also that as a volunteer, I am required to abide by all rules and regulations of ARISE at the Farm.

Have you ever been the subject of an indicated report of child abuse, neglect or maltreatment?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, was it "indicated" or "unfounded"?	<input type="checkbox"/> Indicated	<input type="checkbox"/> Unfounded
If yes, was your record expunged?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

The following information is required for the Agency to comply with the clearance guidelines of the NYS Division of Criminal Justice Services (DCJS) Sex Offender Registry and to meet the requirements of New York State Department of Health for the safety of day camp program participants, please provide your date of birth.

Signature	Date	
Print Name	Social Security Number	Date of Birth

ARISE Confidentiality Statement

I shall respect the privacy concerns of the people served by ARISE, and shall hold in confidence all information obtained in the course of professional service, whether that information is obtained through written records or daily interaction with the person and/or persons served. Therefore, I will not disclose an individual's confidential information to anyone, except:

1. to prevent clear and immediate danger to a person or persons;
2. when I am compelled to do so by a court or pursuant to the rules of a court;
3. as mandated by law.

I shall possess a professional attitude that upholds confidentiality toward the people we serve, colleagues, applicants and any situations that occur within ARISE. I shall store and/or dispose of professional records in ways that maintain confidentiality.

In addition, I understand that New York State Public Health law Article 27-F strictly prohibits the disclosure of the following types of information without the written consent of the consumer:

1. information indicating that a person has been tested for HIV and/or AIDS;
2. information that a person has an HIV infection or AIDS, or is being treated for same;
3. information that would suggest a person has been or may have been exposed to HIV and/or AIDS.

I, upon completion of my volunteer service, shall maintain consumer and coworker confidentiality and I shall hold confidential any information about sensitive situations within ARISE.

I understand that all information pertaining to ARISE, its employees, Board of Directors, and consumers/clients is strictly confidential. Any release of confidential information without prior approval from the Executive Director is prohibited; and may result in disciplinary action up to and including termination of internship or volunteer service. In addition, according to New York State law, any unauthorized disclosure of HIV and/or AIDS protected health information under Article 27-F is a violation of state law and may result in a fine or jail sentence or both.

Signature

Date

Print Name

ARISE Emergency Contact Form

I, _____ as a volunteer of ARISE Child & Family Service, understand that during the course of my volunteer service with the Agency an emergency may arise. In the event of such an emergency, I authorize the Agency to contact the following on my behalf.

My home phone number: _____

1. _____
Emergency Contact Name

Address

Home Phone _____ Work Phone _____

Relationship

2. _____

Emergency Contact Name

Address

Home Phone _____ Work Phone _____

Relationship

Volunteer Signature

Date

ARISE

Photo Release Form

I, _____, grant permission to
(Print full name of Participant or Parent/Legal Guardian)

ARISE Child and Family Service, and ARISE at the Farm, their successors, licensees, and assigns, the right to use the photographs or films taken of me, or members of my family, without compensation, for the purpose of publication, promotion, illustration, advertising, or trade, in any manner or in any medium.

I acknowledge that I am:

- Over the age of 18 OR
- The parent/legal guardian of the following volunteer under 18:

Name/Age _____
First Name Last Name Date of Birth

- I understand that use of the photographs/films taken of me may reveal or imply information about myself/my family member.
- I understand I may withdraw my permission at any time by writing to the address listed below. I understand that the withdrawal will not apply to photographs/videos that have already been released in response to this authorization.
- I understand that my/my family member's eligibility and participation in ARISE programs will not be affected if I do not sign this form.
- This form will expire when the Participant's involvement with ARISE ends or when permission is withdrawn in writing as noted above.

Signature of Volunteer Date

Address

Phone Number

Volunteer Availability

Please indicate on the chart below the times you would be interested in volunteering.

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Morning 9:00AM – 2:00 PM						
Mid-Day 2:00 PM – 4:00 PM						
Evening 4:00 PM – 7:00 PM					X	