



ARISE Adaptive Design Volunteer Application

ARISE Adaptive Design Mission Statement

ARISE Adaptive Design is a grassroots co-creation community designing and building tools for inclusion, access, and participation.

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.

Return Completed Application

To: ARISE Adaptive Design, 635 James Street, Syracuse, NY 13203

PLEASE PRINT LEGIBLY OR TYPE. All required information must be completed. Failure to complete this application may result in disqualifying you for volunteer consideration.

How did you learn about us?

ARISE Website Social Media Newspaper News (television) Relative/Friend

Inquiry Advertisement Other (please specify): _____

APPLICANT INFORMATION

Last Name: _____ First Name: _____ MI: _____

Street Address: _____

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

Phone #: _____ Alternate Phone #: _____

Email Address: _____

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

Date/days available to volunteer: _____

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: _____

Have you worked with another volunteer?

Yes No

If yes, please give their name(s): _____

Experience

Please state "N/A" if not applicable.

Education: _____

Job Experience: _____

Are you comfortable working in construction type activities? Yes No

Do you have experience working in construction type activities? Yes No

Please explain: _____

What is your skill level with construction type activities?

Beginner Intermediate Advanced Expert N/A

What is your experience level working with hand tools? Ex. Hammer, screw driver wrench, etc.

Beginner Intermediate Advanced Expert N/A

What is your experience level working with power tools? Ex. Jig saw, drill, sander, band saw, etc.

Beginner Intermediate Advanced Expert N/A

Do you have rehabilitation therapy experience? Yes No

If yes, where?

Location & Dates: _____

Location & Dates: _____

Do you have experience working with individuals who have a disability? Yes No

Please Explain: _____

Please list any other experience that may apply:

Volunteer's Statement

As an ARISE Adaptive Design volunteer I understand that I will be expected to participate in a mandatory pre-build training consisting of construction techniques, safety protocols, and disability education. I understand that I will be working with tools that can potentially be dangerous to both myself and/or those around me, and I am expected to use the utmost caution when working with these tools. I further understand that the items I am helping to construct are meant to be used by other individuals. Therefore I will use my best judgment and great care to construct a product that is as safe as possible for its intended use, and is up to the standards that ARISE Adaptive Design has set.

I certify that answers given herein are true and complete. I authorize investigation of all statements contained in this application for volunteer service as may be necessary in arriving at a decision. In the event of acceptance for volunteer service, I understand that false or misleading information given in my application may result in discharge from service. I also understand that I am required to abide by all rules and regulations of ARISE.

All Volunteers
Must Review
& Sign



Volunteer Signature

Date

Liability Release

ADULT VOLUNTEERS (OVER 18 YEARS OLD)

I would like to participate in the ARISE Adaptive Design program. I acknowledge the risks and potential risks that I am taking, but believe the potential benefits outweigh the risks assumed. I hereby, intending to be legally committed for myself, my heirs and assignees, executors and administrators, waive and release forever all claims against ARISE, ARISE Adaptive Design, ARISE at the Farm, its Board of Directors, volunteers, and employees for any injuries and/or losses that I may sustain while I participate in the ARISE Adaptive Design program.

All Volunteers
over 18 Must
Review & Sign



Volunteer Signature

Date

PARENT OF VOLUNTEER (AGES 14 THROUGH 18)

I approve of my child's participation in the ARISE Adaptive Design program. I acknowledge the risks and potential risks that my child is taking, but believe the potential benefits outweigh the risks assumed. I hereby, intending to be legally committed for myself, my heirs and assignees, executors and administrators, waive and release forever all claims against ARISE, ARISE Adaptive Design, ARISE at the Farm, its Board of Directors, volunteers, and employees for any injuries and/or losses that my child may sustain while he/she participate(s) in the ARISE Adaptive Design program.

All Volunteers
under 18
Must Have
Parent
Review & Sign



Signature of Parent/Legal Guardian of Volunteer Under 18

Date

Print Parent or Legal Guardian Name

Phone Number

ARISE Adaptive Design Reference Verification Form

*******To Be Filled Out by First Time Volunteers Only*******

Volunteers, please complete the highlighted fields and please list 2 professional or personal reference that we may contact in consideration for any volunteer opportunities. If you do not have professional or employment references, please list alternative references, such as from volunteer work.

References, please complete questionnaire and fax, or email completed form to ARISE Adaptive Design, Attn: Connor McGough at 315-472-9252 or cmcgough@ariseinc.org

Applicant Name: _____

Applicant Authorization for Verification of References

I am applying for a volunteer position with ARISE. I am requesting the release of the requested information to ARISE.

Applicant Signature: _____ **Date:** _____

Reference Name: _____ **Phone Number:** _____

Reference Address: _____

Relationship to Applicant: Manager/Supervisor Co-Worker/Colleague Friend
 Other (Please List) _____

How many years have you known this person?	
What are the applicant's strengths?	
How would you describe the applicant's interpersonal skills?	
Would you have any concerns about the applicant working with children and adults who have disabilities?	

Your Name

Title

Signature

Date

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Would you have any concerns about the applicant working with children and adults who have disabilities?	

Your Name

Title

Signature

Date

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 individual:

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 individual 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 individuals is strictly confidential. Any release of confidential information without prior approval from the CEO 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.

Volunteer 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, _____, (*Full Name of Volunteer Applicant or Parent/Legal Guardian if under 18*), grant permission to ARISE Child and Family Service, and ARISE Adaptive Design, their successors, licensees, and assigns, the right to use to 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:

Volunteer Name: _____

Volunteer's 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.

Volunteer Signature

Date

Address

Phone Number

ARISE Adaptive Design, 635 James Street, Syracuse, NY 13203