



## ARISE at Doc Marshall FARM 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.

PLEASE PRINT LEGIBLY OR TYPE. All required information must be completed. Failure to complete this application may result in disqualifying you for consideration. Do not state "See Resume."

Position Volunteering: \_\_\_\_\_ Date: \_\_\_\_\_

How did you learn about us?

ARISE-EFR Website       Indeed       Newspaper       Relative/Friend  
 Employment Agency  
 Inquiry     Advertisement     Job Fair     SU School of Social Work  
 Other (please specify): \_\_\_\_\_

### **APPLICANT INFORMATION**

First Name: \_\_\_\_\_ Last 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 start: \_\_\_\_\_

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

Have you ever filed an application with us before?  
*If yes, please list date:* \_\_\_\_\_       Yes       No

Have you ever been employed or interned/volunteered with us?  
*If yes, please list date:* \_\_\_\_\_       Yes       No

Do any of your friends or relatives 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. If you do not have professional or employment references, please list alternative references, such as teachers/professors or friends/family.

**Do not state “See Resume.”**

## 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?

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

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**THIS SECTION IS TO BE FILLED OUT BY THE SUPERVISOR OF THE APPLICANT:**

Will this applicant have regular and substantial unsupervised and unrestricted contact with service recipients in a direct care setting and assisting individuals with activities of daily living? (This includes working with any children at any of the ARISE summer camps or children that may be present on the Premises) –

**Please Circle One:**

**YES**

**NO**

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Print Name of Intern/Volunteer

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Date of Birth

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Signature of Supervisor

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Date

## **ARISE-EFR Confidentiality**

I shall respect the privacy concerns of the people served by ARISE-EFR 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-EFR. 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-EFR, 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.

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Signature

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Date

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Print Name

## ARISE-EFR Emergency Contact

I, \_\_\_\_\_, as a Volunteer of ARISE Child & Family Service-Exceptional Family Services, 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 preferred 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



## Photo Release Form

I, \_\_\_\_\_, (Full Name of Volunteer Applicant or Parent/Legal Guardian if under 18), grant permission to ARISE Child and Family Service-Exceptional Family Services, and ARISE at Doc Marshall Farm, 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:**

**Intern Name/DOB**

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.

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Volunteer Signature

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Date

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Address

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Phone  
Number



## Volunteer Availability

Please indicate on the chart below the times you will be available for your internship. Please put an "X" in each box you for which you are available.

	Monday	Tuesday	Wednesday	Thursday	Friday
<b>Morning</b> 9:15AM – 1:15 PM					
<b>Mid-Day</b> 2:00 PM – 4:00 PM					
<b>Evening</b> 4:00 PM – 7:00 PM					