

# VOLUNTEER SERVICES APPLICATION



PLEASE PRINT

## PART A— TO BE COMPLETED BY ALL VOLUNTEER APPLICANTS

ALL INFORMATION ON THIS FORM IS CONFIDENTIAL.

LAST NAME		FIRST NAME		SS#			
ADDRESS		CITY		STATE		ZIP CODE	
( )		( )					
TELEPHONE		DAY		EVENING		E-MAIL ADDRESS	
		( )		( )			
EMERGENCY CONTACT/RELATIONSHIP				DAY		EVENING	

ARE YOU UNDER 18?  YES  NO

HAVE YOU EVER VOLUNTEERED (OR BEEN EMPLOYED) BY FSL BEFORE? :  YES  NO

IF YES, GIVE DATES AND POSITION: \_\_\_\_\_

TYPE OF VOLUNTEER POSITION DESIRED:  PART-TIME  FULL-TIME

ARE THERE TIMES DURING THE WEEK THAT YOU ARE UNAVAILABLE (PLEASE SPECIFY BELOW):  
\_\_\_\_\_  
\_\_\_\_\_

DO YOU HAVE A SPECIFIC AREA OF INTEREST OR PREFERENCE IN MIND?  
\_\_\_\_\_  
\_\_\_\_\_

DO YOU HAVE A PARTICULAR REASON OR MOTIVATION FOR WANTING TO VOLUNTEER?(PLEASE EXPLAIN)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### SPECIAL SKILLS

PLEASE SUMMARIZE ANY SPECIAL TRAINING, SKILLS, LICENSES, ETC.:  
\_\_\_\_\_  
\_\_\_\_\_

### FOR OFFICE USE ONLY

DATE: \_\_\_\_\_ PROGRAM ASSIGNMENT: \_\_\_\_\_

INTERVIEWER: \_\_\_\_\_ PROGRAM DIRECTOR: \_\_\_\_\_

DOES APPLICANT HAVE EXPERIENCE WITH PERSONS WITH CHARACTERISTICS SIMILAR TO POPULATION SERVED IN PROGRAM ASSIGNED?  YES  NO

VOLUNTEER CLASSIFICATION (PLEASE CIRCLE ONE): **1**    **2**    **3**

INTERVIEWER COMMENTS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**PART A— (CONTINUED)**



**VOLUNTEER/MENTORING OR EMPLOYMENT HISTORY**

FROM – TO	VOLUNTEER SITE/ EMPLOYER ADDRESS/PHONE	POSITION	MAY WE CONTACT FOR REFERENCE?
			<input type="checkbox"/> YES <input type="checkbox"/> NO
			<input type="checkbox"/> YES <input type="checkbox"/> NO
			<input type="checkbox"/> YES <input type="checkbox"/> NO

**EDUCATIONAL BACKGROUND**

NAME AND LOCATION	Number of Years Completed	Did you graduate?	Course of Study
High School		<input type="checkbox"/> YES <input type="checkbox"/> NO	
College		<input type="checkbox"/> YES <input type="checkbox"/> NO	Major                      Degree
Other			

**REFERENCES**

NAME	ADDRESS	TELEPHONE	NUMBER OF YEARS KNOWN
		(      )	
		(      )	
		(      )	

IF YOU HAVE BEEN CONVICTED OF A CRIMINAL OFFENSE (*OTHER THAN TRAFFIC VIOLATIONS*) PLEASE GIVE DATE, NATURE OF OFFENSE AND DISPOSITION: \_\_\_\_\_

*NOTE: A CRIMINAL RECORD WILL NOT NECESSARILY BAR AN APPLICANT; IT WILL BE CONSIDERED AS IT RELATES TO THE SPECIFICS OF THE POSITION APPLIED FOR.*

FSL does not discriminate on the basis of race, color, national origin, gender, age, religion, sexual orientation or disability in admission or access to treatment, employment or volunteerism in its programs and activities.

**APPLICANT STATEMENT**

*I certify that all information I have provided on this volunteer application is true and complete.*

Signature of Applicant \_\_\_\_\_

Date \_\_\_\_\_

ALL INFORMATION ON THIS FORM IS CONFIDENTIAL.

# VOLUNTEER SERVICES — APPLICATION SUPPLEMENT



APPLICANT LAST NAME

FIRST NAME

**This Form is OPTIONAL and is required only for those individuals who may wish to be engaged in “direct-service” type volunteer positions (CLASS 2 and CLASS 3, as explained below).**

## PART B – REQUIRED TO BE COMPLETED FOR “CLASS 2 VOLUNTEER”

Please complete this part if you wish to volunteer within a staff-supervised setting that involves **direct contact** with clients and consumers of services.

(This would include many of the volunteer positions in such programs as: Debt Counseling, Homework Help, Information and Referral, C.A.M.P, Work Plus, Seniornet, Thrift Shop; among others.)

**NOTE:** *Before I can assume a “CLASS 2 VOLUNTEER” role, I understand that as a condition of volunteering I will participate in orientation and training sessions to become knowledgeable about the organization and the program to which I may be assigned, including topics such as Consumer/Client Rights, Confidentiality of Information and Records, etc. I also understand that I am required to submit an application to NYS Child Abuse Registry in order to be a “CLASS 2 VOLUNTEER” and my signature below serves as consent to perform such background check.*

\_\_\_\_\_  
SIGNATURE OF APPLICANT

\_\_\_\_\_  
DATE

## PART C – REQUIRED TO BE COMPLETED FOR “CLASS 3 VOLUNTEER”

Please complete this part (as well as Part B, above) if you wish to volunteer for a position that involves direct contact with clients and consumers in one of our unsupervised settings or in any situation which includes direct services to individuals who are considered “vulnerable,” (children or frail elderly, as examples).

(This would include many of the volunteer positions in such programs as: Ombudsman Services, Pre-School, Stepping Stones, CAPT, FAST, Project BEE, Journey House; among others)

**IMPORTANT NOTE:** *I understand that as a requirement to being a “CLASS 3 VOLUNTEER”, FSL will conduct both a Criminal Background Check and a Child Abuse Registry check and my signature below should serve as my consent to such background checks.*

\_\_\_\_\_  
SIGNATURE OF APPLICANT

\_\_\_\_\_  
SOCIAL SECURITY NUMBER (REQUIRED)

\_\_\_\_\_  
DATE OF BIRTH (REQUIRED)