

## Building Healthy Families Volunteer Application

## **Volunteer Application**

PERSONAL			
Name:			
(Last) (First) (Middle)			
Address:			
(Street) (City) (State) (Zip Code)			
Telephone:			
Email Address:			
(Area Code)			
Do you possess a valid NY State Driver's License? $\square$ Yes $\square$ No			
Have you been convicted of a crime? $\square$ Yes $\square$ No If yes, explain:			
Have you volunteered at OFO before? $\square$ Yes $\square$ No If yes, what program and when?			
What is Your Interest in Volunteering at Building Healthy Families:  What special skills/experiences do you have to offer:			
When are you available:			
$\Box$ these days/times only:			
RELEVANT EDUCATION:  Type of School Name and Location Course of Study Degree, Diploma,  Certificate			
High School			
College/University			
Other Education			

RELEVANT EMPLOYMENT HISTORY (List Most Recent First):

1. Name of Employer:			
Address:Phone:			
(Street) (City) (State) (Zip Code) Supervisor and Title:			
If this is current employer, may we contact them for a reference? $\square$ Yes $\square$ No			
Work Performed:			
2. Name of Employer:			
Address:Phone:			
(Street) (City) (State) (Zip Code) Supervisor and Title:			
Supervisor and Title:	_ rour riue:		
May we contact them for a reference? $\square$ Yes $\square$ No			
Work Performed:			
OTHER REFERENCE: (optional)			
Name Relationship	Daytime Phone	Home Phone	
ACKNOWLEDGEMENTS Read each statement carefully before signing			
I certify that all information provided in this employment application is true and complete. I understand that any false information or omission may disqualify me from further consideration as a volunteer and may result in my dismissal if discovered at a later date.			
I authorize the investigation of any or all statements contained in this application and authorize any person, school, current employer (except as previously noted), past employers and organizations named in this application to provide relevant information and opinions that may be useful in making a decision about my acceptance as a volunteer. I release such persons and organizations from any legal liability in making such statements.			
I understand that if I am extended an offer to volunteer, both the offer and continued volunteer placement is contingent on completion of all requirements set by OFO and the specific requirements of programs within OFO. These may include but not limited to: physical exam, background/reference check, tuberculosis testing, and other licensing requirements.			
I have read, understand and by my signature consent to these statements.			
Volunteer Applicant Signature: Date: The following section must be completed by volunteer applicants for the Building Healthy Families:			
Please sign the following declaration which lists:			
1) All pending and prior criminal arrests and charges related to child sexual abuse and their disposition; 2) convictions related to other forms of child abuse and/or neglect; and 3) all convictions of violent felonies. The declaration may exclude: any offense, other than any offense related to child abuse and/or child sexual abuse or violent felonies committed before the prospective employee's 18th birthday, which was finally adjudicated in a juvenile court or under a youth offender law; any convictions which has been expunged under Federal or State Law; and any conviction set aside under the Federal Youth Corrections Actor similar State authority.			
State Licensing regulations require that a prospective staff must declare whether or not they have been convicted of any misdemeanor or felony in New York State or any other jurisdiction. Note that individuals who declare, through this form, that they have been arrested, charged with or convicted of any of the offenses listed above are not automatically disqualified from being hired. Head Start agencies must review each case to assess the relevance of an arrest, charge, or conviction to a hiring decision. Please provide your signature on the appropriate category below:			
I have not been arrested, charged and/or convicted of one or more of the types of offenses listed above.			
Applicant Signature: Date:			
I have been arrested, charged, and/or convicted of one or more of the			
Applicant Signature: Date:			