

NEW YORK STATE
OFFICE OF CHILDREN AND FAMILY SERVICES

**VOLUNTEER
APPLICATION/REGISTRATION**

Name: _____ **Facility:** _____

Address: _____

City: _____ **Day Phone:** _____

State: _____ **Zip Code:** _____ **Evening Phone:** _____

1. Please indicate your areas of Volunteer Interest in numeric order of your preference:

_____ Adolescents	_____ Education	_____ Research/Data Gathering
_____ Alcohol Abuse	_____ Environment/Outdoors	_____ Runaway Shelter
_____ After School Programs	_____ Ethnic Awareness	_____ Sports & Recreation
_____ Arts	_____ Fund Raising	_____ Substance Abuse
_____ AIDS	_____ Health Concerns	_____ Tutoring Programs
_____ Civil Rights	_____ Mentoring	_____ Subject _____
_____ Communications	_____ Public Relations	_____ Other (describe) _____
_____ Consumer Awareness	_____ Religious Studies/Pastoral	
_____ Conflict Resolution	_____ Services	
_____ Disabled		

2. Please check (√) below the skills which you bring to your potential volunteer assignment:

<input type="checkbox"/> Accounting/Finance	<input type="checkbox"/> Dance	<input type="checkbox"/> Music
<input type="checkbox"/> Art	<input type="checkbox"/> Drama	<input type="checkbox"/> Printing/Graphics
<input type="checkbox"/> Automotive Repair	<input type="checkbox"/> Editing/Writing	<input type="checkbox"/> Remedial Reading
<input type="checkbox"/> Bookkeeping	<input type="checkbox"/> Education	<input type="checkbox"/> Sports & Recreation
<input type="checkbox"/> Computer Programming	<input type="checkbox"/> First Aid	<input type="checkbox"/> Story Telling
<input type="checkbox"/> Computer/Word Processing	<input type="checkbox"/> Homemaking	<input type="checkbox"/> Teaching
<input type="checkbox"/> Conflict Resolution	<input type="checkbox"/> Language: _____	<input type="checkbox"/> Training
<input type="checkbox"/> Counseling	<input type="checkbox"/> Librarian	<input type="checkbox"/> Other (specify) _____
	<input type="checkbox"/> Medical	

3. Check (√) the highest level of education you have attained:

<input type="checkbox"/> Less than High School	<input type="checkbox"/> High School	<input type="checkbox"/> Some College
<input type="checkbox"/> Technical School	<input type="checkbox"/> College Graduate	<input type="checkbox"/> Graduate School
<input type="checkbox"/> Professional Studies (specify) _____		

4. Check (√) yes or no

<input type="checkbox"/> Are you under 18 years of age?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/> If YES, do you have working papers?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

5. Check (✓) below the days, and note the times you are generally available for a volunteer assignment.

<input type="checkbox"/> Monday	Mornings: _____	Afternoons: _____	Evening: _____
<input type="checkbox"/> Tuesday	Mornings: _____	Afternoons: _____	Evening: _____
<input type="checkbox"/> Wednesday	Mornings: _____	Afternoons: _____	Evening: _____
<input type="checkbox"/> Thursday	Mornings: _____	Afternoons: _____	Evening: _____
<input type="checkbox"/> Friday	Mornings: _____	Afternoons: _____	Evening: _____
<input type="checkbox"/> Saturday	Mornings: _____	Afternoons: _____	Evening: _____
<input type="checkbox"/> Sunday	Mornings: _____	Afternoons: _____	Evening: _____

6. If we are unable to place you as a volunteer with this facility, may we consider you for other OCFS facilities, or share your application with other agencies with comparable needs?

Yes, Location: _____ No

7. Employment/Volunteer Experience (start with most recent assignment):

Date: From _____ To _____ Company/ Agency: _____ Address: _____ Describe Duties: _____	Date: From _____ To _____ Company/ Agency: _____ Address: _____ Describe Duties _____
Date: From _____ To _____ Company/ Agency: _____ Address: _____ Describe Duties: _____	Date: From _____ To _____ Company/ Agency: _____ Address: _____ Describe Duties _____

SIGN UP TODAY!

Volunteer Signature: _____ Date: _____

Recruiting Staff: _____ Date: _____

NEW YORK STATE
OFFICE OF CHILDREN AND FAMILY SERVICES
VOLUNTEER STATEMENT OF UNDERSTANDING

The following are non-negotiable items which must be agreed upon by all volunteers working with the OFFICE OF CHILDRE AND FAMILY SERVICES.

1. Volunteers represent the OFFICE OF CHILDREN AND FAMILY SERVICES and will act in a professional, mature manner.
2. Confidentiality must be maintained. Names will not be used outside of OCFS offices
3. Volunteers will refrain from using drugs or alcohol immediately before or during contact with youth.
4. Volunteers will not engage in any form of sexual activity with the youth.
5. Volunteers will refrain from abusive language or behavior.
6. Volunteers will communicate all contacts with youth to OCFS and will inform youth of this.
7. Any material(s) brought into a facility by a volunteer for a youth must be seen and approved by the facility supervisor prior to distribution.
8. Volunteers make a commitment to youth and are responsible for keeping that commitment. They will refrain from making false promises.

The OFFICE OF CHILDRE AND FAMILY SERVICES agrees to provide volunteers the following:

1. Orientation and training prior to placement with a youth.
2. Receive job/task related background information on a youth (school, etc)
3. Ongoing support, feedback and constructive criticism.
4. Advice in regard to awkward and/or hard-to-handle situations.
5. Information regarding referral services available in the community.

I have read the above and clearly understand my responsibilities as a volunteer at the OFFICE OF CHILDREN AND FAMILY SERVICES.

VOLUNTEER SIGNATURE:	DATE:
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 <p>VOLUNTEER IDENTIFICATION ^{No.V-} This is to certify that</p> <hr/> <p>Is an official volunteer of the NYS Office of Children and Family Services</p> <p>Facility: _____</p> <p>Certified by: _____</p> <p>Title: _____ Date: _____</p>	 <p>VOLUNTEER IDENTIFICATION ^{No.V-} This is to certify that</p> <hr/> <p>Is an official volunteer of the NYS Office of Children and Family Services</p> <p>Family: _____</p> <p>Certified by: _____</p> <p>Title: _____ Date: _____</p>
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