

VOLUNTEER APPLICATION

"Volunteers are the only human beings on the face of the earth who reflect this nation's compassion - unselfish, caring, patience and just plain loving one another."
- Erma Bombeck -

Name _____ Email _____

Daytime Phone _____ Evening Phone _____ Cell Phone _____

Address _____

City _____ State _____ Zip _____

Date of Birth _____ Gender: Male Female

Volunteer Interests:

<input type="checkbox"/> Mentoring of Adults	<input type="checkbox"/> Mentoring of Children	<input type="checkbox"/> Prevention/Education in Schools
<input type="checkbox"/> Family Peer Services	<input type="checkbox"/> Peer Recovery Services	<input type="checkbox"/> Community Prevention/Education
<input type="checkbox"/> Fundraising Events	<input type="checkbox"/> Speaker's Bureau	<input type="checkbox"/> Recovery Aftercare Programming
<input type="checkbox"/> Veteran Services	<input type="checkbox"/> Office Work/Mailings	<input type="checkbox"/> Senior Citizen Friendships

Availability:

Mornings Afternoons Evenings Weekdays Weekends

How many hours, on average, are you available to work each week? _____

Special Skills and/or Qualifications:

Special Certifications:

Past Volunteer Experiences:

Agency _____ Staff Contact _____

Agency _____ Staff Contact _____

Agency _____ Staff Contact _____

201 West Dominick St.
Rome, New York 13440
Phone: (315) 336-3090
Fax: (315) 336-3091

205 North Washington Street
Herkimer, New York 13350
Phone: (315) 866-8407
Fax: (315) 866-3538

5900 North Burdick St., Suite 204
Syracuse, New York 13057
Phone: (315) 733-1709



502 Court St. Suite 401

Utica, NY 13502

Phone: (315) 733-1709 | 13502 Fax: (315) 733-1789

whenthereshelpthereshope.com

Are you currently employed? Yes No

If yes:

Employer _____ Position _____

How long? _____ Supervisor _____ Phone _____

Previous Employer _____ Position _____

How long? _____ Supervisor _____ Phone _____

Have you ever been convicted of any violation of the law except for minor traffic tickets? Yes No

If yes, please give dates and details: _____

Do you have a valid driver's license? Yes No If yes, State and License # _____

Personal References:

Name _____ Phone _____

Address _____ City, State, Zip _____

Name _____ Phone _____

Address _____ City, State, Zip _____

Name _____ Phone _____

Address _____ City, State, Zip _____

I certify that the information provided is true and complete. I authorize the Center for Family Life and Recovery, Inc. to contact employment and personal references listed on this application. I understand that, as a volunteer, I will comply with the policies of the agency and respect confidentiality of all of the agency's clients and consumers. I further understand that submission of this application does not obligate me to accept a volunteer assignment.

Signature of Applicant _____ Date _____

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Herkimer, New York 13350
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Syracuse, New York 13057
Phone: (315) 733-1709

Photo and Video Release Form

I, the undersigned, hereby grant Center for Family Life and Recovery Inc., (CFLR, Inc.) permission to take pictures, audiotape, and videotape the undersigned as part of my participation in CFLR, Inc. programming or training for promotional purposes. I also agree to give CFLR, Inc. unlimited right to use and/or reproduce photographs, audiotape, and video tape for all of the external and internal promotional and informational activities of CFLR, Inc. I also agree if my child is a participant in CFLR, Inc. programming to allow my child's photographs, if applicable, to be published on the CFLR, Inc. Internet/Intranet Web Pages, CFLR publications, CFLR, Inc. articles. I further understand that by signing this release, I waive any and all present, or future rights to the use of the above stated material(s). I release the CFLR, Inc. program of any liability that said commercial use may cause family members or myself.

Adult

Adult (print name): _____ Phone: _____
Signature: _____ Date: _____
Signature: Witness: _____ Date: _____
Address: _____ City, State, Zip _____

Youth

Youth (print name): _____
Signature Youth: _____ Date: _____
Parent/Guardian (print name): _____ Phone: _____
Signature Parent/Guardian: _____ Date: _____
Address: _____ City, State, Zip _____
Signature: Witness: _____ Date: _____

TO BE COMPLETED CENTER FOR FAMILY LIFE AND RECOVERY, INC. STAFF ONLY.

Staff _____ Date: _____

Type of Material: Photograph Slide Videotape Article Other _____

Use of Material (Please provide additional information such as name of news outlet, brochure, purpose of presentation, etc.)

News Outlet CFLR Inc. website Brochure Oneida Co. Youth Bureau Power Point Presentation
 Other _____

National Background Investigations, Inc.

P O Box 966, Stevensville, MD 21666

Telephone: 410-604-6200 / FAX: 410-604-2496

APPLICANT RELEASE AND AUTHORIZATION FORM

I hereby authorize Center for Family Life and Recovery, Inc. or authorized representative bearing this release to obtain and release any information pertaining to my background, including any of the services noted below, for volunteer or employment purposes. I hereby fully release any discharge my prospective employer or other source providing information from all claims and damages arising out of or releasing to any investigation of my background for said purposes. PLEASE PROVIDE 7 YEARS OF RESIDENTIAL HISTORY – ADDITIONAL YEARS SEARCHED BY CLIENT'S REQUEST.

Name _____ Alias / Other _____
(First, Middle, Last – Print Clearly)

Date of Birth _____ Social Security _____

Driver's License _____ State _____

Current Addr _____ City/State/Zip _____

County _____ Dates / From _____

Prev. Addr 1 _____ City/State/Zip _____

County _____ Dates / From _____

Prev. Addr 2 _____ City/State/Zip _____

County _____ Dates / From _____

Applicant's Signature _____ Witness _____

Date _____ Date _____

IMPORTANT: FOR CLIENT USE ONLY – Mark an "X" for any of the following:

Would you like NBI to also check Alias / Other name given? Yes No
(Be advised there is an additional charge per alias name)

Criminal History Record Search: Current Address Previous Address (1) Previous Address (2)

FRS PAST / SSN: Federal Criminal "U.S. Search" Credit Profile

MVR – Driving Record (Specify State) _____

Sex Offender Registry: List Series _____

Statewide Criminal Search: _____

Verification (Specify Number of Items) Education Prof. License Employment Federal Civil

Civil Judgment: Upper Court Lower Court Workers Comp Federal Tax Lien Search
 State Tax Lien Search Bankruptcy Search

