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Utica, NY 13502

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www.whenthehelptheshope.com

Compeer Program Volunteer Application

Name: _____ **Phone:** _____

Work Phone: _____ **E-mail:** _____

Address: _____

Date of Birth: _____ **Gender:** male female not listed

How did you learn about Compeer? event social media brochure speaker another volunteer
 website other (please specify) _____

Have you ever volunteered with Compeer before? yes no

If yes, give dates and program location: _____

What prompted your interest in volunteering for Compeer?

If applicable, please list all volunteer experience including work at churches, schools, boards, etc. (previous volunteer experience is NOT required for Compeer volunteer service)

Agency _____ Duties _____ Dates _____

Agency _____ Duties _____ Dates _____

Agency _____ Duties _____ Dates _____

Agency _____ Duties _____ Dates _____

Education: __ Grade School __ High School __ College __ Graduate School __ Trade School __ Military

Are you currently a student? __ yes __ no Name of school: _____

List hobbies/activities/interests (please be as detailed as possible):

Employment Status: Please list your last three employers starting with the most recent.

Employer	Supervisor	Phone	Dates employed
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____

Have you ever been convicted of any violation of the law except for minor traffic tickets? If yes, please give details and dates:

Do you have a valid Driver's license/use of a car? ___yes ___no

Do you object to a client who smokes? ___yes ___no

Do you have any preferences regarding your friend's religious affiliation, location or age etc.? If so, please explain:

Can you make a commitment to one year of service with Compeer? ___ yes ___no If no, please explain:

Which of the following volunteer opportunities most interests you? ___ Youth mentoring ___ Adult friendship ___ E-buddies (Compeer calling) ___ Compeer coffee club

Please list two professional references (you may use clergy/teachers) and one personal reference:

NAME	ADDRESS	AGENCY/ COMPANY	PHONE	RELATIONSHIP

I certify that answers given herein are true and complete. I authorize CFLR, Inc. Compeer staff to contact employment/ personal references as indicated in this application.

I understand that as a volunteer, I will help my friend to the best of my ability in accordance with the policies of Compeer. I will maintain complete confidentiality concerning information on Compeer clients. **I further understand that submission of a completed application along with an interview & training does not obligate me to accept, or Compeer to assign a volunteer opportunity.**

Signature of Applicant: _____ Date: _____

NEW YORK STATE DEPARTMENT OF HEALTH

Criminal History Record Check



Department of Health

DOH CHRIC form 102: Acknowledgement and Consent for Fingerprinting and Disclosure of Criminal History Record Information

The purpose of this form is to obtain consent from the subject individual for fingerprints and criminal history record information pursuant to Article 28-E of the Public Health Law and Section 845-b of the Executive Law.

SECTION 1 – SUBJECT INDIVIDUAL INFORMATION

Last Name	First Name	Middle Initial	Maiden Name
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Date of Birth (mm/dd/yyyy)	Alias/AKA	Mother's Maiden Name	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Mailing Address (street)	City	State	ZIP Code
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

SECTION 2 – ATTESTATION

1.	I have applied to an agency to provide direct care or supervision to residents or patients. I understand that as part of the application process, the Public Health Law (PHL) Article 28-E requires that the New York State Department of Health perform a criminal history check on me with the New York State Division of Criminal Justice Services (DCJS) and the Federal Bureau of Investigation (FBI).		
2.	I acknowledge and consent to having my fingerprints taken for the purpose of a criminal history record check by the DCJS and the FBI.		
3.	I have been advised that DOH is authorized by law to receive the results of the criminal history record check from DCJS and the FBI for the purpose of developing a criminal history record summary. In accordance with applicable laws, DOH will furnish appropriate summary information to the agency to which I applied for a position to provide direct care or supervision to residents or patients. I have been advised that the criminal history record summary will indicate whether I have a criminal history, including convictions of a crime (felony or misdemeanor) or criminal charges which do not reflect a disposition. The criminal history record summary prepared by DOH and sent to the agency will contain the results of the criminal history record check performed by DCJS. I have been advised that the information shall be confidential pursuant to applicable federal and state laws, rules and regulations and shall only be disclosed to persons authorized by law. I have been informed that upon receiving notification from DCJS that there is a subsequent pending criminal action or proceeding or conviction, the DOH shall promptly notify an authorized person(s) of a provider of the additional allegation or new conviction.		
4.	I hereby consent to DOH sharing with any DCJS agency to which I applied for a position to provide direct care or supervision, any criminal history record check information provided to DOH by the FBI, including the specific crime(s) for which I was convicted or charged, the date of the arrest for such charge, and/or date of conviction, and the jurisdiction in which the arrest or conviction took place.		
5.	I have been informed of the procedures and my rights to obtain, review and seek correction of my criminal history information pursuant to regulations and procedures established by the DCJS and the FBI. If I believe an error has been made by DCJS for any New York State conviction/charge or the FBI for a non-New York State conviction/charge, I understand that I should notify DCJS and/or the FBI to report and request correction of this error to the addresses below.		
	<table border="1"> <tr> <td>NYS Division of Criminal Justice Services Criminal History Bureau Record Review Unit-5th Floor 4 Tower Place, Albany, NY 12203 (518) 485-7675</td> <td>Federal Bureau of Investigation Criminal Justice Information Services (CJIS) Division 1000 Custer Hollow Road, Clarksburg, WV 26306 (304) 625-5590</td> </tr> </table>	NYS Division of Criminal Justice Services Criminal History Bureau Record Review Unit-5th Floor 4 Tower Place, Albany, NY 12203 (518) 485-7675	Federal Bureau of Investigation Criminal Justice Information Services (CJIS) Division 1000 Custer Hollow Road, Clarksburg, WV 26306 (304) 625-5590
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6.	I understand that I have the right to withdraw my application for employment, without prejudice, any time before employment is offered or declined, regardless of whether an agency, DOH or I have reviewed my criminal history information.		
7.	I certify to the best of my knowledge and belief that I (check as appropriate): <input type="radio"/> Have <input type="radio"/> Have not been convicted of a crime in New York State or any other jurisdiction <input type="radio"/> Do <input type="radio"/> Do not have a final finding of patient or resident abuse If you checked either "Have" and/or "Do", please provide a brief explanation. (Optional) <input type="text"/>		
8.	My current mailing or home address is indicated in Section 1 of this form.		
9.	I have read this form and hereby consent to the request by the agency to use my fingerprints to obtain my criminal history record. If any, from the DCJS and the FBI I hereby consent to the re-disclosure of any convictions or open charges on my criminal history record, received by DOH from DCJS, to the requesting agency in accordance with applicable laws. I declare and affirm that the information I have provided on this consent form is true, complete and accurate and that the fingerprints to be submitted are my own.		

Applicant Signature: <input type="text"/>	Date: <input type="text"/> / <input type="text"/> / <input type="text"/>
Name and Signature of Parent or Legal Guardian: <input type="text"/>	Date: <input type="text"/> / <input type="text"/> / <input type="text"/>

SECTION 3 – AGENCY AUTHORIZED PERSON INFORMATION

Agency Name: <input type="text"/>	Operating License Number (PFC): <input type="text"/>
Print Name of Authorized Person: <input type="text"/>	Title: <input type="text"/>
Signature of Authorized Person: <input type="text"/>	Date: <input type="text"/> / <input type="text"/> / <input type="text"/>

This form is to be retained by the agency. Do not forward to the DOH CHRIC.



Justice Center for the Protection of People with Special Needs

Applicant Consent Form for Fingerprinting for Justice Center Criminal Background Check (CBC)

NYS Justice Center for the Protection of People with Special Needs (Justice Center) Criminal Background Check Unit

Part 1. Applicant Information (Please Print)

Last Name:	First Name:	MI:
Date of Birth:	Applicant type: Employee _____ Volunteer _____ Family Care _____ Operator _____	
Applicant address, city state:		Social Security Number:
Facility/Provider Name:		

Part 2. Attestation

1. I have been advised that as part of the application process, the facility or provider agency listed above must request a background check with the NYS Division of Criminal Justice Services (DCJS) and the Federal Bureau of Investigation (FBI) and the Justice Center must review and evaluate the results received from DCJS and the FBI. A conviction for certain crimes may affect my suitability for employment in this position.
2. I consent to having my fingerprints taken and submitted to DCJS and the FBI and consent to the Justice Center sharing with the facility or provider agency listed above a summary of the NYS criminal history information, if any, returned by DCJS, as part of its background investigation of my suitability for employment or volunteer service, or for certification as a natural person operator.
3. I have been advised that procedures exist for me to obtain, review and, if necessary, seek correction of my criminal history information pursuant to regulations established by DCJS in 9 NYCRR Part 6050, and the FBI, as applicable.
4. I have been advised that I have the right to withdraw my application for employment or volunteer service, or certification as a natural person operator, without prejudice, any time before employment, volunteer service, or certification as a natural person operator is offered or declined, regardless of whether the authorized person of the facility or provider agency has reviewed the summary of any criminal history information.
5. I have been advised that the results of the criminal background check forwarded to the Justice Center shall be confidential pursuant to the applicable federal and state laws, rules and regulations, and shall only be disclosed to persons authorized by law. Criminal history information will be considered pursuant to Article 23-A of the NYS Correction Law in making hiring determinations.
6. I affirm that the fingerprints submitted will be my own and that the information I have provided is true, complete and accurate.
7. I certify to the best of my knowledge that I: (check as appropriate)
 - (a) _____ have not been convicted of a crime.
 - (b) _____ have been convicted of a crime in NY or other jurisdiction.
 - (c) _____ have pending arrest charges.
 If (b) or (c) is checked, provide details: _____

8. I have been advised that my social security number is being requested so that the Justice Center may check whether I am on the Staff Exclusion List as required by Social Services Law and will be performed prior to the criminal history information check.

You have not been convicted of a crime if:

- a. Your conviction was sealed; dismissed; reversed; resulted in a youthful offender (YO) or juvenile delinquency (JD) adjudication; resulted in a conviction for a non-criminal violation offense; or if you were acquitted;
- b. you received an Adjudgment in Contemplation of Dismissal (ACD) and the adjournment period has elapsed; or
- c. you withdrew your plea after completing a treatment program, and were not convicted of a felony or misdemeanor.

Applicant Signature		Date:
Guardian signature if under 18		Date:
Part 3 Facility or Provider Agency Authorized Person Information		
Authorized Person Name:		Title:
Signature:		Email:

Fingerprint Applicant Info Sheet

Applicant Name First Name _____ Last Name _____

Applicant Date of Birth: _____

Methods of Contact (include contact information for who should be notified if the applicant needs to be reprinted if there is a problem with the prints. This can be the Authorized Person.)

Preferred Contact Method (check one): Phone _____ Email _____

Phone Number _____

Email _____ (not required unless preferred method of contact)

Applicant Citizenship:

Country of Birth: _____

If US, state of birth: _____

Country of Citizenship: _____

Applicant Personal Questions

Have you ever used a maiden/previous name? Yes _____ No _____ If yes, what? _____

Have you ever used an alias? Yes _____ No _____

Is your mailing address the same as your residential address? Yes _____ No _____

If no, what is your mailing address? _____

Applicant Personal Info

Height: _____ Feet _____ Inches Weight: _____

Eye Color: Black Blue
 Gray Brown
 Green Hazel
 Maroon Pink
 Multicolored Unknown

Hair Color: Bald White
 Black Blue
 Blond or Strawberry Green
 Brown Orange
 Gray Pink
 Red or Auburn Purple
 Sandy Unknown

Preferred Language: _____

Race: Asian Black
 Native American Caucasian/Latino
 Unknown

Fingerprint Applicant Info Sheet (cont'd)

Gender: Male _____ Female _____

Ethnicity: Hispanic _____ Non-Hispanic _____ Unknown _____

Applicant Home Address: Number _____ Street Name _____

Unit Designator (Apt # required, if applicable) _____

Country _____ City _____ State _____ Zip Code _____

Applicant Identification Document:

Please select the required documents the Applicant will bring to the fingerprint appointment.

Choose One:

- Commercial Driver's License Issued by a State or outlying possession of the U.S.
- Department of Defense Common Access Card
- Driver's License PERMIT Issued by a State or outlying possession of the U.S.
- Driver's License Issued by a State or outlying possession of the U.S.
- Employment Authorization Card/Document (I-766) with Photo
- Enhanced Driver's License (EDL)
- Enhanced Tribal Card (ETC)
- Federal ID Card with a seal or logo from a Federal agency
- Merchant Manner Document (MMD)
- Military Dependent's Card
- Military ID Card
- Military ID Card (retired)
- Passport Book or Card
- Permanent Resident Card/Green Card (I-551)
- Photo ID Waiver for Minors
- State ID Card (or outlying possession of the U.S.) with a seal or logo from State or State Agency
- Uniformed Services Identification Card (Form DD-1172-2)

Does the name you are enrolling the Applicant under match the name on the document selected?

YES _____ NO _____

PLEASE NOTE: THE FINGERPRINT LOCATION WILL NOT ACCEPT TEMPORARY OR EXPIRED IDENTIFICATION DOCUMENTS.

Dates and Times Applicant will be available for a fingerprint appointment?
