



BOYS & GIRLS CLUB
OF NORTHERN WESTCHESTER

VOLUNTEER FORMS LIST

Forms must be filled out accurately and completely and returned to the Club.

Volunteers working with members (children):

	Boys and Girls Club Forms	Directions for Filling Out Forms
	Volunteer Handbook Acknowledgement Form	Must include signature and date
	Agreement and Consent To Drug and/or Alcohol Testing	Must include signature and date ➤ If volunteer is under age 18, it must be signed by a parent or guardian.
	Volunteer Application	Must include signature and date
	Volunteer Permission for Health Care	Must include signature ➤ If volunteer is under age 18, it must be signed by a parent or guardian.
	Volunteer Reference	<ul style="list-style-type: none"> • 3 references are needed. • The volunteer fills out the top part of the form. • The reference fills out the remaining parts of the form • References must be over the age of 18 & should not be an immediate relative.
	New York State Forms and Screenings	
	Staff, Volunteer, and Household Member Medical Statement (OCFS-6004)	<ul style="list-style-type: none"> • Health care provider must complete and sign the Medical Status section. • TB test information is required.
	Statewide Central Register Database Check (LDSS-3370)	See form for instructions
	Request for NYS Fingerprinting Services (OCFS-4930)	Required only for applicants 16 years and older
	Criminal Conviction Statement (OCFS-6005)	Required only for applicants 17 years and older
	Drug Test	Required only for applicants 16 years and older
	Foundations for Health and Safety Online Training Module	<ul style="list-style-type: none"> • Must log onto https://ecetp.pdp.albany.edu

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VOLUNTEER HANDBOOK ACKNOWLEDGEMENT AND RECEIPT

I acknowledge that I have received and read the Boys & Girls Club of Northern Westchester Volunteer Handbook. I understand the contents and terms set forth within the handbook. If I have had questions, I have discussed them with the Director of Volunteer Programs or Director of Development.

Volunteer's Name *(please print)*

Volunteer's Signature

Date

Please return this form with your application.



AGREEMENT AND CONSENT TO DRUG AND/OR ALCOHOL TESTING

To be filled out by anyone working with members.

I hereby agree, upon a request made under the drug/alcohol testing policy of the Boys & Girls Club of Northern Westchester, to submit to a drug or alcohol test and to furnish a sample of my urine, breath, and/or blood for analysis.

I understand and agree that if I at any time refuse to submit to a drug or alcohol test under Boys & Girls Club of Northern Westchester policy, or if I otherwise fail to cooperate with the testing procedures, I will be subject to immediate termination.

I further authorize and give full permission to have the Boys & Girls Club of Northern Westchester and/or its affiliates send the specimen or specimens so collected to a laboratory for a screening test for the presence of any prohibited substances under the policy, and for the laboratory of other testing facility to release any and all documentation relating to such test to the Boys & Girls Club of Northern Westchester and/or to any governmental entity involved in a legal proceeding or investigation connected with the test.

This policy and authorization have been explained to me in a language I understand, if I have any questions about the test or the policy, I will direct them to the Director of Finance and Administration.

I UNDERSTAND THAT THE BOYS & GIRLS CLUB OF NORTHERN WESTCHESTER WILL REQUIRE A DRUG SCREEN TEST UNDER THIS POLICY WHENEVER I AM INVOLVED IN AN ON-THE-JOB ACCIDENT OF INJURY UNDER CIRCUMSTANCES THAT SUGGEST POSSIBLE INVOLVEMENT OF INFLUENCE OF DRUGS AND ALCOHOL IN THE ACCIDENT OF INJURY EVENT.

Volunteer's Name (*please print*)

Volunteer's Signature

Date

Note: **If a volunteer is a minor**, consent of a parent or legal guardian, acknowledging receipt of this policy, review of its provisions and consent to drug testing of the minor volunteer under the terms provided in this policy is required as a condition of the minor's volunteer placement with the Boys & Girls Club of Northern Westchester.

Parent's/Guardian's Name (*please print*)

Parent's/Guardian's Signature

Date



BOYS & GIRLS CLUB
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VOLUNTEER APPLICATION

GENERAL INFORMATION

Name (Last)		(First)	
Address (Mailing Address)		(City)	(State) (Zip)
Home Phone:	Cell Phone:	Work Phone:	
Date of Birth:	E-Mail Address:		

EMERGENCY CONTACT INFORMATION

Name (Last)		(First)	
Address (Mailing Address)		(City)	(State) (Zip)
Home Phone:	Cell Phone:	Relationship:	

SKILLS AND EXPERIENCE

What is your educational background?
What is your occupation?
Do you speak, read or write languages other than English? If yes, list languages read, written and/or spoken.
What sorts of hobbies, interests, and activities do you enjoy?
List any special skills you may have.
Do you have any past or present volunteer experience? If yes, please describe.

Are you seeking to volunteer in order to satisfy court-ordered community service? _____

AVAILABILITY

This section will help determine the best days and times for your volunteer activity. Please indicate all days and times you will be available to volunteer.

<u>Monday</u>	<u>Tuesday</u>	<u>Wednesday</u>	<u>Thursday</u>	<u>Friday</u>	<u>Saturday</u> (Aquatics only.)

VOLUNTEER INTERESTS

We offer volunteer activities that involve working with kids or working with office related projects. Please indicate specific area(s) you would like to assist with.

Working with Development

I would enjoy working on development projects doing the following: *Please check all area(s) that interest you.*

- Assisting with fundraising
- Assisting with special events
- Assisting with office and clerical work

Activities not listed above that I am interested in: _____

Working with Children

I would enjoy doing the following: *Please check all area(s) that interest you.*

- Providing homework help
- Tutoring – Which subjects? _____
- Listening to a child read
- Assisting with computer use
- Acting as a mentor for teens
- Assisting art & crafts activities
- Assisting a discussion group
- Assisting a field trip
- Assisting recreational activities
- Assisting sports activities
- Assisting music activities

Activities not listed above that I am interested in: _____

If you would like to work with Boys & Girls Club members, which age group(s) would you most enjoy working with?

- 3 – 5 years old
- 6 – 8 years old
- 9 – 10 years old
- 11 – 12 years old
- 13 – 18 years old
- No preference/all ages

Are there any physical limitations or are you under any course of treatment that might limit your ability to perform certain types of work? If yes, please explain. _____

Interviewer's Comments

I certify the information contained in this application is true, correct and complete. I understand that, if employed, false statements reported on this application may be considered sufficient cause for dismissal.

Signature of Applicant: _____ Date: _____



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VOLUNTEER PERMISSION FOR HEALTH CARE

If you are under age 18, this form must be filled out and signed by your parent or guardian.

Name _____ Today's Date _____
Physician's Name _____ Phone _____
Physician's Address _____
Dentist's Name _____ Phone _____
Dentist's Address _____

AUTHORIZED ADULTS

In the event of an emergency, please indicate the name and phone number where another authorized person can be reached:

Name _____ Phone _____
Relationship to Volunteer _____
Name _____ Phone _____
Relationship to Volunteer _____

MEDICAL PROBLEMS

Please list any allergies and/or medical problems: _____

Please list all medications and dosages: _____

FIRST AID

In the event of an emergency, I authorize the staff to provide any first aid care deemed necessary.

EMERGENCY CARE

In the event of an emergency in which I cannot be reached, the physician listed above and the local hospital are hereby authorized to provide any emergency care deemed necessary for me.

HEALTH RECORD TRANSFER

In the event of an emergency, I hereby authorize the transfer of my health record to the local hospital.

HOSPITAL RELEASE FORM & PERMISSION SLIP

I give my permission, in case of injury to take me to a hospital for treatment to include evaluation of injuries, x-rays and needed care.

MEDICAL INSTURANCE COMPANY: _____ **Insurance #:** _____

Signature (*parent or guardian must sign if volunteer is under age 18*) _____ Date _____

Parent or Guardian Name and Address (*please print*) _____ Phone _____



VOLUNTEER REFERENCE

Volunteer to Fill Out:

This is to certify that I hereby authorize _____ as my reference, to release my personal information, provided herein, to the Boys & Girls Club of Northern Westchester in connection with their consideration of my application for a volunteer position.

Volunteer's Name (Please Print)

Volunteer's Signature

Parental consent is required if applicant is a minor.

Parent/Guardian (Please Print)

Parent's/Guardian's Signature

Reference to Fill Out:

The above named individual has applied to the Boys & Girls Club of Northern Westchester for a position as a volunteer and has given you as a reference. It will be most helpful if you could supply us with the information requested below as your earliest convenience. Your reply will be kept CONFIDENTIAL.

Reference's Name:			Telephone:
Reference's Address (Street)	(City)	(State)	(Zip)
E-Mail Address:			

1. How long, and in what capacity, have you known the applicant? _____

2. Personal and professional appraisal. Please check the appropriate box:

CHARACTERISTICS	Superior	Good	Average	Below Average
Knowledge of Field				
Personal Presentation				
Dependability				
Ability to Assume Responsibility				
Ability to Work With People				

3. Please indicate the strength of your overall endorsement by checking one of the following:

_____ Highly Recommended _____ Recommended _____ Not Recommended

4. If not recommended please explain: _____

Your Name: _____ Title: _____

Signature: _____ Date: _____

Please return to: Boys & Girls Club of Northern Westchester, 351 Main Street, Mount Kisco, NY 10549 Fax: 914-666-9166



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