



VOLUNTEER FORMS LIST

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

Boys and Girls Club Forms	
	Volunteer Handbook Acknowledgement Form* <i>Must include signature and date.</i>
	Agreement and Consent To Drug and/or Alcohol Testing <i>Must include signature and date. Under 18 must be signed by parent/guardian</i>
	Volunteer Application* <i>Must include signature and date.</i>
	Volunteer Permission for Health Care* <i>Must include signature and date. Under 18 must be signed by parent/guardian</i>
	Drug Test
	Immunization Record
New York State Office of Child & Family Services Forms and Screenings	
	Statewide Central Register Database Check (LDSS-3370)
	Request for Fingerprinting Services – Child Care (OCFS-4930) <i>Required for applicants 16 years and older</i>
	Child Care Provider, Staff, Volunteer and Household Member Information (OCFS-6001)
	Qualifications (OCFS-6002)
	References (OCFS-6003)
	Child Care Provider, Staff, Volunteer and Household Member Medical Statement (OCFS-6004)
	Criminal Conviction Statement (OCFS-6005) <i>Required for applicants 18 years and older</i>
	Request for Staff Exclusion List Check (OCFS-6022)
	Foundations for Health and Safety Online Training Module <i>Applicants must log onto https://ecetp.pdp.albany.edu to register and complete training</i>

*Forms required for Development Volunteers



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
OF NORTHERN WESTCHESTER

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.

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday (Aquatics only.)



VOLUNTEER APPLICATION

continued

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 office and clerical work
- Assisting with special events

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



BOYS & GIRLS CLUB
OF NORTHERN WESTCHESTER

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 _____