



VOLUNTEER APPLICATION



Please print clearly. All information will be treated confidentially. Please answer all questions as completely as possible.

Volunteer Information:

Name:	Date of Birth:
Phone Number:	
Email:	
Street Address:	
City:	Zip Code:
Preferred method(s) of contact (please circle): Email Phone Text Mail	

Is it okay to send email announcements about CRC and Village in the Ville activities to this address: YES NO

If you are a student:(optional)

Name of School:

If you are a member of a religious organization: (optional)

Name of Organization:

If you are employed: (optional)

Occupation:

Are you volunteering to fulfill:

<input type="checkbox"/> High School graduation requirement	<input type="checkbox"/> College Credit/Internship
<input type="checkbox"/> Ohio Dept. of Job & Family Services	<input type="checkbox"/> Court Ordered Probation

Emergency Contact:

Full Name:	Relationship:
Phone Number:	City, State:

Volunteer Opportunities

If you have a special skill or resource you'd like to provide, please specify below. Please check all opportunities of interest

	Village in the Ville & Senior Services - Home Services
	Handy Services (change light bulbs, paint touch up, move furniture, hang pictures, etc.)
	Companionship - Friendly visits or calls
	Gardening / Yard Care / Lawn Mowing / Leaf Raking / Weeding
	Snow Removal
	Organizing (paperwork, clothing, storage, etc)
	Home Maintenance and Repair (install railings, air conditioner, minor electrical, etc.)
	Technology (computer, smart Phone) Assistance
	Pet Care (dog walking, care for pets when member is unable to do so)
	Plumbing (fixing faucets, toilets, etc.)
	Clean Gutters (1 & 2 story homes)
	Cooking (help with meal prep, take a meal)
	Village in the Ville & Senior Services - Transportation
	Medical Transportation Assistance (drive to Dr. appointments, pick-up prescriptions)
	Grocery/ Meal Delivery/ Help with Errands
	Social Outing / Event Transportation
	Medical Advocate (willing to attend appointments and take notes)

	Village in the Ville Administrative & Program Support
	Community Outreach (Village newsletter, mailings, social media, recruitment)
	Advisory Board Member / Committee Member
	Speaker or Educator at Event
	CRC Special Events & Miscellaneous
	Community Meals at Family Services
	Event Planning & Coordination
	Special Event Set-up / Tear-Down and Day-of Support
	Helping with Physical Jobs / Lifting / Moving
	Community Meals at Family Services
	Weekly Grocery Donation Pick-up
	CRC Administrative / Office Support
	Front Desk Receptionist
	Clerical Support
	Computer projects / Website assistance
	Youth Program Support
	Tutor / Homework Help
	Arts & Crafts

Volunteer Interest:

How did you hear about us?

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Why are you interested in volunteering with us?

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Do you know anyone who'd make a great volunteer?

Name:	Contact:
Name:	Contact:

Previous Experience:

Please list any relevant work and volunteer experience:

Organization	Dates of Service/Work	Experience

Availability:

Please list the hours that you are available for each day.

Monday:	Tuesday:	Wednesday:
Thursday:	Friday:	Saturday:
Sunday:	Notes:	

Volunteer Agreement:

By signing this application, I verify that the information provided is true, correct, and complete. I hereby give my consent to The Clintonville-Beechwald Community Resources Center (CRC) to verify this information, including contacting references, and unconditionally release CRC from all liability which might result from furnishing the same. I understand that my acceptance as a volunteer is on a conditional basis, and that CRC reserves the right to terminate the service of any volunteer whose conduct and preference in any way reflects negatively upon the agency.	
Applicant Signature:	Date:

I grant full permission to the sponsors, organizers, and affiliates to use my name or my child's name, photographs, or any other record of participation in this volunteer service event for use in any

broadcast, telecast, or any other written account of the event for publicity purposes, without compensation or remuneration. Circle One.

YES

NO

If the applicant is under 18: I give my permission for my child to participate as a volunteer with CRC. I understand that CRC staff are not responsible for the care of supervision of my child and I will not hold CRC responsible if my child leaves the premises.

Guardian Signature:

Date:

THIS FORM IS NOT FOR IDENTIFICATION PURPOSES

I give _____ permission to seek a copy of my arrest record from the Franklin County Sheriff's Office. I do hereby release the Franklin County Sheriff's Office and all Individuals connected therewith from all liability.

DATE _____, 20____ SIGNATURE _____

NAME _____
(PRINT NAME IN FULL)

ALIAS NAMES _____
(MARRIED OR OTHER NAMES USED)

DATE OF BIRTH _____ SEX _____ RACE _____

SOCIAL SECURITY NUMBER _____

AGENCY REQUESTING RECORD _____

SIGNATURE OF AGENT MAKING REQUEST _____

This is a copy of the arrest record on file from 1987 to the present at the Franklin County Sheriff's Office on the above named subject. It is checked by name only, not by fingerprints, and is not verified as to the true identity of the subject in question.

DATE	CHARGE

DISPOSITIONS

Municipal Court
375 S. High St. 614-645-8186
www.fcmcclerk.com

Common Pleas Court
345 S. High St. 614-525-3650
www.franklincountyohio.gov/clerk

BY _____
FRANKLIN COUNTY RECORDS TECH
370 S Front St Columbus, Ohio 43215
614-525-3364

DATE _____

Civil Rights Training for Volunteers Who Assist with USDA / Ohio TEFAP (The Emergency Food Assistance Program)

- **Goals of civil rights:**
 - Provide fair and equal treatment of participants and benefit delivery
- **Legal prohibitions:**
 - Discrimination is prohibited on the basis of race, color, national origin, age, sex, and disability in special nutrition programs funded by the USDA, Food and Nutrition Service. (The Food Stamp Program and Food Distribution Program on Indian Reservations also prohibits discrimination based on religion and political beliefs in addition to the bases listed above.)
- **Types of Discrimination:**
 - Disparate Treatment (intentional)
 - Disparate Impact (neutral rule impacts disproportionately on a group)
 - Reprisal/Retaliation (actions or statements against complainant or his/her family, associates or others involved in complaint process or exercising civil rights)
- **Exceptions:**
 - Congress can establish a program that is intended for certain groups of people, and it is not discrimination to exclude those who do not meet eligibility requirements. For example, Congress can set age limits, and this is not age discrimination or disability discrimination for those who do not meet the age limits.
- **When do civil rights rules apply?**
 - Civil rights rules apply any time there is any federal financial assistance. Federal financial assistance is receiving anything of value from the federal government – not just cash. It can include commodities, training, equipment, and other goods and services.
- **Special circumstances:**
 - Make sure to accommodate people with disabilities. Sites should be accessible to people with all types of disabilities (e.g. mobility, sight, hearing, other) or alternate means of service delivery should be advertised and provided.
 - Provide other language assistance to persons with limited English proficiency who could not gain meaningful access to the program without other language assistance. LEP households must always have assistance provided. However, the level or type of assistance can vary based on circumstances.
- **Other requirements:**
 - Treat all people with dignity and respect.
 - Display the USDA “And Justice for All...” non-discrimination poster in a place where it can be seen by all who visit the premises.
 - Include the USDA non-discrimination statement on all materials that mention USDA funded programs and make sure the statement is also on web sites that mention USDA funded programs.

- Conduct outreach to ensure that potentially eligible persons and households are aware of the program and have information on how to apply. Provide suggestions about how to make more people aware of the program and how to receive benefits.
- Maintain confidentiality. It is not appropriate to talk about who is receiving benefits and to make remarks about them. Never share information with others regardless of an expression of good intentions. Refer all requests for information to managers. What happens at the site stays at the site. The exception, of course, is any illegal or inappropriate behavior that should be reported to state or federal officials.
- Collect racial/ethnic data (except TEFAP) and use it to target outreach and to assess participation. Keep individual data confidential. If people refuse to provide, you must code for them based on perception.
- Cooperate with State and Federal reviewers. They are required to conduct periodic compliance reviews to help ensure that program and civil rights rules are being obeyed.
- If there is non-compliance, correction of problems and voluntary compliance is sought. Failure to abide by civil rights rules can lead to loss of Federal financial assistance.
- Sexual harassment is prohibited. Do not engage in or tolerate unwanted or unwelcome sexual behavior including jokes, touching, requests for sexual favors, etc. Please report violations to management or to state or federal officials as soon as possible.
- Advise people who allege discrimination how to file a complaint. They may write to:

USDA

Director

Office of Civil Rights
1400 Independence Avenue, SW
Washington, D.C. 20250-9410

OR Call toll free: (800) 795-3272 or
(202) 720-6382 (TTY)

In the Midwest Region they may also write to:

Regional Director

Civil Rights/EEO
77 W. Jackson Blvd., FL 20
Chicago, IL 60604-3591

OR Call: (312) 353-3353

Almost all complaints are referred to the Chicago office for investigation and are actually investigated by staff from FNS field offices located in the state where the complaint originated.

- If a conflict occurs, remain calm. Call for assistance immediately if you feel threatened. Consider mediation or a third party to help resolve the situation.
- Follow the platinum rule – treat people the way they would like to be treated (or be aware of what that is).

Signature: _____

Date: _____



Volunteer Statement of Confidentiality



During the time you spend at the CRC or any of its programs or events you may see someone you know who lives in your neighborhood or attends your school, church, or place of employment. It is very important that you respect that person's privacy and legal rights to keep their information private. Even telling someone that you saw your neighbor, colleague, etc. at the CRC is breaking the law.

There are in effect federal and state regulations, legal precedents and social work codes of ethics that prohibit disclosure of any information obtained from a client in confidence, including the client's presence and/or status of receiving services without the client's written consent, except when disclosure is necessary to prevent serious, foreseeable and imminent harm to the client or another identifiable person. In other words, as a CRC volunteer you are required to maintain confidentiality unless you believe a client may harm him/herself, harm another identifiable person, or a child is being harmed. In these cases, you are a mandated reporter and as such have an obligation to report the situation to the supervisory staff person on duty.

These regulations and ethical codes were designed to ensure the privacy of any individual seeking services. It is not appropriate to talk about who is receiving benefits, share information or photos in any way including on the internet and social media. Confidentiality includes the client's presence and/or status of receiving services. Confidentiality includes the safeguarding of client records. Volunteers and staff are responsible for the confidential handling of all information that we receive from our clients. Volunteers and staff are responsible to ensure that records are secured in a locked environment at all times. Any volunteer or staff person who violates these regulations may be held legally responsible.

I signify that I have read and am willing to comply with the above statement.

Signature

Date