



Volunteer Application

1743 East Main Street • Lancaster, Ohio 43130
 Phone: (740) 653-4146 • Fax: (740) 653-4462
www.faircaa.org • www.fairfieldrecycles.org

GENERAL INFORMATION

Date of Application: _____

Name: _____ Email Address: _____

Phone (Home): _____ Phone (Cell): _____

Street Address _____ Apt. #: _____

City _____ State: _____ Zip: _____

Emergency Contact

Name: _____ Relationship: _____

Phone (Home): _____ Phone (Cell): _____

AVAILABILITY

	<u>Morning</u>	<u>Afternoon</u>	<u>Other</u>
Monday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tuesday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Wednesday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Thursday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Friday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Saturday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sunday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SKILLS AND INTERESTS

Most Recent Employer: _____ Title: _____

Responsibilities / Job Skills Utilized: _____

Volunteer Experience: _____

Responsibilities / Job Skills Utilized: _____

Other Relevant Experience: _____

Special Skills or Interests: _____

Highest Level of Education Completed: High School Some College College Advanced Degree

VOLUNTEER INTERESTS

I am interested in volunteering at Community Action because: _____

I am interested in helping in the following areas (please check all that apply):

- | | |
|--|--|
| <input type="checkbox"/> All | <input type="checkbox"/> Automotive maintenance |
| <input type="checkbox"/> Sort/stock food | <input type="checkbox"/> Meal preparation/serving |
| <input type="checkbox"/> Sort donated items | <input type="checkbox"/> Indoor maintenance (painting, moving furniture, etc). |
| <input type="checkbox"/> Assist customers in clothing pantry | <input type="checkbox"/> Babysitting (children in the homeless shelter) |
| <input type="checkbox"/> Coordinate fundraisers | <input type="checkbox"/> Clean apartments in the homeless shelter |
| <input type="checkbox"/> Clerical work | <input type="checkbox"/> Head Start Classroom Assistant |
| <input type="checkbox"/> Special events (recycling) | <input type="checkbox"/> Head Start Bus Assistant |
| <input type="checkbox"/> Sort materials in the recycling center | <input type="checkbox"/> Clean/organize Head Start classrooms |
| <input type="checkbox"/> Head Start Kitchen Assistant | <input type="checkbox"/> Fix/clean broken toys |
| <input type="checkbox"/> Outdoor maintenance (gardening, lawn care, etc) | <input type="checkbox"/> Tutoring (Adult Literacy) |
| <input type="checkbox"/> Cleaning | <input type="checkbox"/> Other (please specify): _____ |

I am most interested in the following departments of Community Action (please check all that apply):

- | | |
|--|--|
| <input type="checkbox"/> All | <input type="checkbox"/> Recycling and Litter Prevention |
| <input type="checkbox"/> Social Services | <input type="checkbox"/> Early Childhood Services |
| <input type="checkbox"/> Housing / Weatherization/ Energy Assistance | <input type="checkbox"/> Employment and Training |

LEGAL INFORMATION

- | | | |
|---|------------------------------|-----------------------------|
| Do you have a valid driver's license? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Do you have current car insurance? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Have you ever been convicted of a felony? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

CERTIFICATION

I certify that the information I have provided is true and correct to the best of my knowledge.

Signature _____

Date: _____



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Release and Waiver of Liability:

The undersigned hereby acknowledges that his/her participation in volunteer/WEP (or other) activities at the Lancaster-Fairfield Community Action Agency (LFCOA) may involve inherent risk of physical injury and/or accidents which includes, but is not limited to, contact with LFCOA customers and its employees. Therefore, the undersigned assumes all such risks and any others not enumerated herein. To the extent LFCOA makes available any equipment, facilities, or personnel for the activities in which the undersigned volunteer participates, volunteer does hereby release and forever discharge LFCOA, its Board Members, and employees of all claims, demands, rights, and causes of action of whatever nature, arising from and by reason of any known and unknown, foreseen and unforeseen bodily and personal injury, and the consequences thereof, resulting from participation in or in any way connect with the volunteer activities at LFCOA. I understand that the acceptance of this release and waiver of liability by LFCOA shall not constitute a waiver, in whole or in part, of the immunity accorded by law to LFCOA, its members, officers, agents and employees.

I have read and understood the above carefully before signing. Further, I understand this release and waiver of liability shall be effect from this day forward.

Volunteer Signature

Date

Confidentiality Agreement:

As a volunteer/WEP (or other) of the Lancaster-Fairfield Community Action Agency (LFCOA), I agree not to disclose, share, or discuss outside of LFCOA any confidential information with which I come in contact or gain knowledge of within LFCOA, unless I am otherwise required by law to do so. Confidential information includes information about the staff, including volunteers, or information pertaining to a customer, applicant, or recipient of services. The information to be kept confidential shall include, but is not limited to the following: names, addresses, phone numbers, lists of customers, information contained in applications and case records, reports of investigations, medical, psychological/psychiatric material and/or evaluation, progress notes, correspondences, phone calls, verbal communications, and any other records or information known to LFCOA, whether or not such information is needed.

I, _____, a volunteer/WEP (or other) of the Lancaster-Fairfield Community Action Agency, have read and agree to abide by the Confidentiality Agreement.

Volunteer Signature

Date

CIVIL RIGHTS TRAINING FOR VOLUNTEERS WHO ASSIST WITH FNS PROGRAMS

_____ Goals of civil rights – fairness and equality of treatment 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 prohibit 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 against complainant or his/her family, associates or others involved in complain 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 people with disabilities are accommodated. 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. Assistance must always be provided to LEP households, but 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 insure 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 manager. 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. Make sure individual data are kept 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 insure that program and civil rights rules are being obeyed.

_____ If there is a 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. Report violations to management or to state or federal officials.

_____ Advise people who allege discrimination about 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 (800) 795-3272 or (202) 720-6385 (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 conflicts occur, 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 _____