



# Volunteer Application

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

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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**

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- |   |                              |                             |
|---|------------------------------|-----------------------------|
| 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**

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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 (LFCAA) may involve inherent risk of physical injury and/or accidents which includes, but is not limited to, contact with LFCAA customers and its employees. Therefore, the undersigned assumes all such risks and any others not enumerated herein. To the extent LFCAA makes available any equipment, facilities, or personnel for the activities in which the undersigned volunteer participates, volunteer does hereby release and forever discharge LFCAA, 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 LFCAA. I understand that the acceptance of this release and waiver of liability by LFCAA shall not constitute a waiver, in whole or in part, of the immunity accorded by law to LFCAA, 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 (LFCAA), I agree not to disclose, share, or discuss outside of LFCAA any confidential information with which I come in contact or gain knowledge of within LFCAA, 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 LFCAA, 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 \_\_\_\_\_