Volunteer Opportunities

LOOK FOR THE HELPERS.

Mister Rogers

Our Mission
CCA builds resilient communities by helping people achieve economic, physical, and emotional security.

CCA - Connecting Communities in Action
25 Jefferson Street
Salamonie, New York 14779
Telephone: (716) 945-1041 • Facsimile: (716) 945-1301
www.ccaction.org
Volunteer Application

Volunteer Name: ____________________________________________
Volunteer Alias or Maiden Name: ______________________________
Address: ___________________________________________________
City: ___________________________ State: _______ Zip: __________
Telephone/Cellular: (____) __________ Email: _______________________

Would you consider your household to be categorized as low-income? ______ Yes ______ No ______ IDK

Have you ever been convicted of a Crime?* ______ Yes ______ No
*Be advised that we do obtain background checks from Cattaraugus County Sheriff's Department and Statewide Central Register Database

Who may we contact in case of an emergency?
Name: __________________________________________ Relationship: ____________________________
Contact Number: (____) __________

STATE CENTRAL REGISTER DATABASE CHECK  Agency Use Only
APPLICANT/HOUSEHOLD MEMBER AREA: *Additional pages in back, if necessary.

□ IF THERE ARE NO OTHER HOUSEHOLD MEMBERS, PLEASE CHECK THIS BOX.

<table>
<thead>
<tr>
<th>Relationship to Volunteer</th>
<th>Last Name</th>
<th>First Name</th>
<th>Sex (M/F/Other)</th>
<th>Date of Birth</th>
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Please provide your current address AND any other addresses at which you have resided for the last 28 years, including street, city, and state. *Additional pages in back, if necessary.

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<tr>
<th>Street Address</th>
<th>City</th>
<th>State</th>
<th>Zip Code</th>
<th>From(Mo/Yr) - To</th>
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I hereby state that the information above is true to the best of my knowledge.

Signature ___________________________ Date ______________

Signature of Parent for Volunteers Under 18 Years ___________________________ Date ______________

Return to:
CCA - Volunteering
25 Jefferson Street, Salamanca, NY 14779
Telephone: (716) 945-1041; Fax: (716) 945-1301
Volunteer Interests Worksheet

NUTRITION

___ Assistance in Food Pantry  ___ Meal Delivery
___ Food Preparation/Service/Clean-Up in Community Kitchen
___ Gardening/Gleaning

TRANSITIONAL SERVICES/PROPERTY MANAGEMENT

___ Painting/Cleaning/Sorting
___ Planning and implementing in-house tenant activities, such as flower planting, knitting, quilting, cards and board games
___ Transportation  ___ Grocery Shopping

VICTIM SERVICES

___ Assistance at Safe Shelter  ___ Transportation
___ Accompaniment to DSS and other partnering agencies and court

What is your availability?:

____ Ongoing  ___ One time event
___ Morning  ___ Afternoon
___ Mon  ___ Tues  ___ Wed  ___ Thurs  ___ Fri
___ Daily  ___ Weekly  ___ Monthly
Volunteer Service Agreement

As a part of the CCA Volunteer Team, I agree to:

- Hold absolutely confidential all information that I may obtain directly or indirectly concerning clients and staff
- Honor my commitment to a specific job assignment
- Be professional, conscientious, and conduct myself with dignity, courtesy, and consideration of others.
- Maintain a well-groomed appearance and abide by the dress code policy.
- Attend orientation and in-service training as scheduled.
- Perform all assignments in a professional manner and seek the assistance of the Supervisor, when necessary.
- Become familiar with and adhere to CCA’s policies and procedures.
- Notify the Supervisor immediately if unable to volunteer as scheduled.
- I understand that CCA and the Volunteer Coordinator reserve the right to terminate my volunteer status as a result of
  (a) Failure to comply with CCA policies;
  (b) Unsatisfactory attitude, work, or appearance;
  (c) Any other circumstances which, in their judgment, would make continued services as a volunteer contrary to the best interests of CCA and its clients.

I hereby: (Please initial)

___ Certify that there are no misrepresentations concerning my personal and professional history
___ Authorize CCA to investigate my reference records and make any further investigations deemed necessary in connection with my application to volunteer
___ Release CCA and all informants from any and all liability resulting from any investigation
___ Waive all rights to see or review the information so furnished
___ Certify that I have not been convicted of a criminal offense
___ Certify that I have been convicted of a criminal offense (Explain in Full)

___ I am aware that misstatements of material facts cause me to be disqualified from holding a volunteer position at CCA

__________________________________________   ____________________________________
SIGNATURE                                      DATE
CONFIDENTIALITY PLEDGE

As a volunteer of CCA, you share the responsibility of safeguarding our colleagues' and clients' confidentiality. This includes all conversations, records, and any other information.

The following guidelines adhere to State Regulations and provide the basis of CCA's confidentiality policy:

1. Written or verbal information regarding a client will be released or shared **only after** securing a signed, written release of information from the client or the client's legal guardian, and the client has demonstrated a clear understanding of the client's Bill of Rights.

2. Within CCA, discussion of clients should occur **only** among persons involved with that particular client. Conversations will be conducted **only** when necessary and in a professional manner in a secure, private area.

3. As a volunteer, you will refrain from discussing any client information with spouses, friends, and/or relatives. It is important not to reveal names, events, or any other identifying information.

4. As a volunteer, you need to be aware of the "duty to warn" and child abuse mandates. You have an obligation to inform your CCA supervisor and/or the appropriate authorities as to a client's stated intent to do physical harm to themselves or others. Mandated reports to authorities are to be made only by staff in supervisory positions. Therefore, volunteers will report suspected abuse to their supervisor.

5. Any records or information regarding client confidentiality shall be maintained in accordance with the Federal Confidentiality #42.

6. The location and telephone number of the Domestic Violence Shelter will be kept confidential, along with residents' identities.

______________________________
SIGNATURE

______________________________
DATE
Responsibilities of Volunteers...

☒ Treat everyone you come in contact with with kindness and respect.

☒ To maintain all client confidentiality at all times and places WITHOUT EXCEPTION. Breach of this will be the immediate withdrawal of your volunteer work at CCA.

☒ To agree to a background check with NY State Registry for Children & Youth and to have a current and valid driver’s license, if necessary.

☒ To agree and understand your schedule and be present as assigned. If unable to attend at your scheduled time, call as soon as possible and notify the supervisor.

☒ Hygiene must be neat and clean, and dress is business casual.

☒ To ensure you are assigned to the area of your interest.

☒ To learn as much as possible about the organization.

☒ To make sure you are trained for the work you are asked to do and ask questions.

☒ To ensure you have the guidance and direction you need to do the work.

☒ To share your ideas, opinions, and to be a part of the planning processes.

☒ To inform the supervisor, if your perception is that your work is not being valued or appreciated.
Attn: Records Department  
CATTARAUGUS COUNTY SHERIFF’S DEPT.  
301 Court Street  
Little Valley, NY 14755

Date: ______________________

To Whom It May Concern:

You have my permission to release any type of Criminal Record on __________________ to Cattaraugus Community Action, Inc. for the purpose of employment or volunteerism.

If there is a record, please also indicate that information.

__________________________________________________________________________

Applicant Signature

__________________________________________________________________________

CCA Representative

__________________________________________________________________________

Applicant Name (Print Legibly)  
Applicant Maiden Name (Print Legibly)

__________________________________________________________________________

Applicant Address  
AKA (Print Legibly)

__________________________________________________________________________

Applicant Social Security Number  
Applicant Date of Birth