

Cayuga/Seneca Community Action Agency, Inc.
89 York Street, Suite #1, Auburn, NY 13021
315-255-1703

Volunteer/Internship Application

CSCAA considers applicants for volunteers/internships without regard to race, color, religion, gender, sexual orientation, gender identity or expression, national origin, age, disability, genetic information, marital status, amnesty, veteran status or any other legally protected status. We provide reasonable accommodation to individuals with disabilities when it would not be an undue hardship. If you need reasonable accommodation in the pre-placement process, please contact Human Resources.

Please **PRINT** clearly. This application must be completed in full and signed personally by the applicant. A parental signature is needed if the applicant is under the age of 18 years old.

NAME: _____
Last First M.I. Date of Application

ADDRESS: _____
Street City State Zip

_____ Cell Phone Number Home Phone Number E-Mail Address

Have you ever volunteered or worked at CSCAA in the past? Yes No
If yes, please give dates & program. _____

Are you 18 years of age or older? Yes No

Please tell us why you would like to volunteer with our Agency:
 Personal Interest Internship Community Service Court Ordered

Describe your skills and/or experiences you would use while volunteering at our Agency. Why did you choose CSCAA?

Highest Level of Education: High School/GED Some College College Graduate

Do you possess a clean, valid N.Y.S. driver's license? Yes No

Duration of volunteer/internship services?
 One Time 1-3 months More than 3 months On-call, when needed

If internship, total # of hours required: _____ hours Dates: _____ to _____

How did you hear about our volunteer services at CSCAA? _____

All volunteers are required to attest to a criminal record, if any. Convictions will not necessarily disqualify you from participating. Any false representation will result in immediate removal from their volunteer site.

Have you ever been convicted (found guilty) of a felony or misdemeanor? Yes No

If yes, please describe all convictions, when they occurred, the facts and circumstances involved:

What are your hours of availability?

<u>Monday</u>	<u>Tuesday</u>	<u>Wednesday</u>	<u>Thursday</u>	<u>Friday</u>	<u>Saturday</u>	<u>Sunday</u>
From _____	From _____	From _____	From _____	From _____	From _____	From _____
To _____	To _____	To _____	To _____	To _____	To _____	To _____

Volunteer Opportunities: Opportunities are available at our Cayuga and Seneca County locations.

Check areas which interest you: Cayuga County Seneca County

- Clerical – data entry, answering phones
- Child Care/Classroom – assist with activities in classroom. Requires criminal background screenings.
- Fundraising Events – Taste for Community, Purple Tie, Christmas Elf, or any additional Agency events.
- Marketing & Development – data entry and research
- Food Pantry – prepare food baskets, stocking shelves, mobile food pantry, community garden
- Free Clothing – sorting clothes and helping customers
- Medicaid Transportation Program – must complete a separate application for this program. Requires criminal and driving history background checks.

Internship Opportunities: Opportunities are available at our Cayuga and Seneca County locations. Check program areas related to your internship: Cayuga County Seneca County

- Emergency Services – includes domestic violence, case management, energy/weatherization services
- Food Security Services – food pantry on site, mobile food pantry, community garden
- Marketing & Development – data entry and research
- Other: _____

Experience: (Please include both paid work and volunteer experience, beginning with the most recent)

Employer or Volunteer Organization		City/State
From	To	Position
Employer or Volunteer Organization		City/State
From	To	Position

PERSONAL REFERENCES - List 2 people other than relatives. Early Childhood volunteers must list 3 people.

Name	Phone	Relationship to Applicant
------	-------	---------------------------

Name	Phone	Relationship to Applicant
------	-------	---------------------------

Name	Phone	Relationship to Applicant
------	-------	---------------------------

Emergency Contact Information:

Name	Relationship	Phone #
------	--------------	---------

Name	Relationship	Phone #
------	--------------	---------

I give Cayuga/Seneca Community Action Agency permission to check my references. I hold harmless any individual, agency, or business that provides information or documents to Cayuga/Seneca Community Action Agency. I understand that the information will be used as part of the verification of my volunteer application.

I certify that the facts set forth in this volunteer application are true and complete to the best of my knowledge. I understand that any false statement, omission or misrepresentation in my application or placement interview may result in the rejection of my application and discharge from the volunteer program.

I consent to having the Cayuga/Seneca Community Action Agency complete a Sex Offender and criminal background check prior to volunteering.

I understand that if I am under the age of 18 years of age I will need parental consent.

Upon being offered a volunteer position, I understand that I am required to attend a volunteer orientation and will be given a Volunteer Handbook, Statement of Confidentiality Policy, and the Code of Ethics Policy, along with acknowledgement forms to sign.

Applicant's Signature: _____ Date: _____

Parental Signature, if applicable: _____ Date: _____