

InARMSReach

Parents Behind Bars, Children in Crisis

AGENCY USE ONLY!

Inquiry/Referral: _____
Orientation Date: _____
Application Recd: _____
Interview Date: _____
SW Assigned: _____

Community-Based Mentoring Program

VOLUNTEER APPLICATION

Please print or type. It is important that all questions are answered completely.
ALL INFORMATION SUBMITTED BY YOU IS KEPT STRICTLY CONFIDENTIAL.

I. PERSONAL DATA

Name (Last, First): _____
Date of Birth: _____ Sex: _____ Race: _____ Marital Status: _____
Home Phone #: (____) _____ - _____ Religion: _____
Address: _____ Apt. #: _____ Borough: _____
City: _____ State: _____ Zip Code: _____

II. EMPLOYMENT

Name of Employer: _____
Employer Address: _____
Phone #: (____) _____ - _____ Ext. _____ Do you have voicemail? Yes No
Title: _____ Days/Hours worked: _____
Department _____ Supervisor: _____
E-mail Address _____
Please indicate time of day which is most convenient for an interview: AM PM
Does your personal or job schedule require you to travel out of NYC? Yes No
If yes, how often do you travel? _____
For what length of time? _____

III. EDUCATION

Please provide information on your educational background below:

Level	High School	College	Graduate/Professional
Degree Awarded	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Degree Type (GED, BA, MS, etc)			
Years Attended			
Name of School			
City, State			

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V. AFFILIATIONS/BACKGROUND

Please list any civic groups, clubs, associations, religious activities or organizations of which you are a member:

Please list any experience you have had with children:

Have you ever applied to this or any other Big Brother Big Sister agency? Yes No

If yes, where and when? _____

Briefly describe whom you consider a role model and why: _____

PLEASE READ CAREFULLY AND SIGN. WITHOUT YOUR SIGNATURE THIS APPLICATION IS NOT VALID.

NEW YORK CITY YOUTH BUREAU CONTRACTOR PERSONNEL SCREENING SUMMARY

DIRECTIONS: ALL PERSONS, BOTH PAID AND VOLUNTEER, OVER THE AGE OF 16 WHO WORK WITH OR IN THE VICINITY OF CHILDREN IN YOUTH BUREAU FUNDED PROGRAMS MUST FILL OUT THIS PART II. ALL INFORMATION SECTIONS MUST BE COMPLETED. IF ANY ARE NOT APPLICABLE TO YOU PLEASE USE "NONE" OR "N/A."

I. PROGRAM INFORMATION

CONTRACT AGENCY NAME: In Arms Reach, Inc.

II. PERSONAL INFORMATION

NAME (LAST, FIRST, MIDDLE): LIST ALL OTHER NAMES BY WHICH YOU HAVE BEEN KNOWN.

STREET ADDRESS

CITY/STATE _____ ZIP CODE _____ DATE OF BIRTH _____

CURRENT JOB TITLE _____ DATE EMPLOYED _____

___ PAID POSITION--BUREAU FUNDED ___ PAID POSITION--NOT BUREAU FUNDED ___ VOLUNTEER

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III. DECLARATION OF CONVICTIONS OR PENDING CRIMINAL ACTIONS

LIST BELOW ALL CONVICTIONS FOR VIOLATIONS OF LAW (OTHER THAN TRAFFIC VIOLATIONS) IN THIS STATE AND ELSEWHERE, AND ALL CHARGES CURRENTLY PENDING ANYWHERE. IF NONE, WRITE "NONE." (INCLUDE ALL CONVICTIONS, WHETHER RESULTING IN IMPRISONMENT, SUSPENDED SENTENCE, PROBATION, FINE, OR CONDITIONAL OR UNCONDITIONAL DISCHARGE. CONVICTIONS FOR JUVENILE DELINQUENCY, YOUTHFUL OFFENDER, OR WAYWARD MINOR UNDER AGE 19 NEED NOT BE REPORTED IF THEY ARE SEALED INFORMATION. FOR CHARGES PENDING AS ADJOURNMENTS IN CONTEMPLATION OR DISMISSAL, LIST ONLY THOSE OCCURRING WITHIN THE PAST SIX(6) MONTHS.

DATE OF CONVICTION/OFFENSE	COURT AND LOCATION	DISPOSITION AND PENALTY

IV. CHILD ABUSE AND MALTREATMENT BACKGROUND INFORMATION

A. ARE YOU THE SUBJECT OF AN INDICATED CHILD ABUSE AND MALTREATMENT REPORT ON FILE WITH THE NY STATE CENTRAL REGISTRY OR CHILD ABUSE AND MALTREATMENT (SCR) OR ELSEWHERE?

YES _____ NO _____ IF YES, PLEASE PROVIDE THE FOLLOWING:

DATE(S) OF INCIDENT

DESCRIPTION AND EXPLANATION OF INCIDENT(S)

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B. HAVE YOU EVER BEEN TERMINATED, SUSPENDED, PLACED ON PROBATION, REPRIMANDED, OR OTHERWISE PENALIZED BY AN EMPLOYER FOR CHILD ABUSE AND/OR MALTREATMENT IN THIS STATE OR ELSEWHERE?

YES _____ NO _____

IF "YES", PLEASE PROVIDE DATE(S), DESCRIPTION(S), AND EXPLANATION(S) OF INCIDENT(S):

V. CONTROLLED SUBSTANCES BACKGROUND INFORMATION

WITHIN THE PAST YEAR, HAVE YOU USED METHADONE, EVEN IF PRESCRIBED BY A PHYSICIAN?

_____ YES _____ NO

IF "YES", PLEASE INDICATE WHETHER PART OF A TREATMENT PROGRAM. IF SO, GIVE NAME OF PROGRAM/ PHYSICIAN AND OTHER SERVICES RECEIVED, AND SUBMIT A DOCTOR'S REPORT DESCRIBING YOUR TREATMENT PROGRAM AND DIAGNOSIS:

VI. WARNING, RELEASE AND DECLARATION

A. WARNING

SECTION 1151.90 OF THE ADMINISTRATIVE CODE OF THE CITY OF NEW YORK AND SECTION 210.45 OF THE NEW YORK PENAL LAW MAKE IT A CRIME TO KNOWINGLY FALSIFY ANY INFORMATION ON THIS FORM, AND ANY PERSON WHO KNOWINGLY FALSIFIES ANY SUCH INFORMATION MAY BE PUNISHED BY A FINE, IMPRISONMENT, OR BOTH. IN ADDITION, KNOWINGLY FALSIFYING ANY MATERIAL INFORMATION ON THIS DOCUMENT MAY AUTOMATICALLY CAUSE THE TERMINATION OR DISQUALIFICATION OF THE EMPLOYEE.

B. RELEASE

I UNDERSTAND THAT THE YOUTH BUREAU REQUIRES THE INFORMATION REQUESTED IN THE PART II FORM TO BE DISCLOSED BY ALL EMPLOYEES, APPLICANTS FOR EMPLOYMENT AND VOLUNTEERS WHO WILL WORK WITH OR IN THE VICINITY OF CHILDREN IN PROGRAMS FUNDED BY THE YOUTH BUREAU, OR THEIR DESIGNEES, TO CHECK ALL INFORMATION CONTAINED ON THIS FORM. CHECKS MAY BE DONE WITH RECORDS AT THE NEW YORK STATE DEPARTMENT OF CRIMINAL JUSTICE SERVICES, THE NEW YORK STATE CENTRAL REGISTRY OF CHILD ABUSE AND MALTREATMENT, AND OTHER SOURCES AS DEEMED NECESSARY BY MY EMPLOYER OR THE YOUTH BUREAU. I UNDERSTAND THAT THE INFORMATION CONTAINED IN THE PART II FORM AND ALL BACKGROUND CHECKS DONE BY THE CONTRACTING AGENCY OR THE YOUTH BUREAU SHALL BE USED SOLELY FOR THE PURPOSE OF PERSONNEL SCREENING, AND SHALL NOT BE DISCLOSED TO OTHER PERSONS OR INSTITUTIONS UNLESS ORDERED BY A COURT OR OTHERWISE AUTHORIZED BY LAW.

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C. DECLARATION (BY EMPLOYEE)

I DECLARE THAT I HAVE READ AND UNDERSTAND THE ABOVE WARNING, I AGREE TO THE ABOVE RELEASE, AND THAT ALL THE STATEMENTS I HAVE MADE IN THIS CONTRACTOR PERSONNEL SCREENING PART II, AS WELL AS ANY ATTACHED SHEETS, ARE TRUE, CORRECT AND COMPLETE TO THE BEST OF MY KNOWLEDGE.

SIGNED _____ DATE _____

NOTE: IF YOU ARE UNDER 18 YEARS OLD, YOUR PARENT OR LEGAL GUARDIAN MUST COMPLETE THE PARENTAL CONSENT FORM.

In Arms Reach, INC. VOLUNTEER POLICY

The assessment interviews are designed to establish a profile of volunteers and their interests. This profile will be used by the agency to determine qualification for service. As part of the assessment process, personal information will be elicited from me, by professional agency personnel. It is my responsibility to ensure that the agency receives any necessary information that would aid the assessment process. Non-compliance will result in withdrawal of consideration as a volunteer.

My signature on this form does not obligate me to perform the volunteer services applied for, and the agency is not obligated to assign, or actively seek to assign me to a match.

I acknowledge that this application becomes the property of In Arms Reach Inc. All of the information I provide is accurate and is subject to verification by In Arms Reach Inc.

I acknowledge that in the event of the agency's determination of my ineligibility, in accordance with long-standing agency policy, the reason will not be provided.

Applicant Signature

Date

Print Name

NATIONAL BACKGROUND INVESTIGATIONS, INC.
Post Office Box 156, Mayo, Maryland 21106
Tel: 410.604.6200 Fax: 410.604.2496

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APPLICANT RELEASE AND AUTHORIZATION FORM

I hereby authorize In Arms Reach Inc. or other authorized representatives of the organization bearing the release to obtain any information pertaining to any of their services noted below for employment or volunteer purposes.

I hereby direct you to release such information upon request of In Arms Reach Inc. or other authorized representatives of the organization.

I hereby fully release and discharge my prospective employer or other authorized representatives of the organization, their respective affiliates, employees, agents, attorneys and any individual organization, entity, agency or other source providing information to my prospective employer from all claims and damages arising out of or relating to any investigations of my background for employment or volunteer purposes.

Please Provide Minimum 7 Years of Residential History Below

Name: _____
(First, Middle, Last- Print Clearly)

Other/Alias: _____

Date of Birth: _____

Social Sec. No.: _____

Driver's Lic. No.: _____ State _____

Signature: _____

(1) Current Addr: _____

City/State: _____

Country: _____

Dates/From: _____

(2) Previous Addr: _____

City/State: _____

Country: _____

Dates/From: _____

(3) Previous Addr: _____

City/State: _____

Country: _____

Dates/From: _____

Witnessed by: _____

Date: _____

FOR OFFICE USE ONLY- Please order the following:

(1) Criminal Search _____ (2) Criminal Search _____ (3) Criminal Search _____
New York Statewide _____ New York Traffic _____ Wants/Warrants _____
Sexual Offender _____ Credit Report _____ MVR _____ S.S. Trace _____ FACS Plus _____
Federal Criminal _____ Federal Civil _____ Bankruptcy _____ Workers' Comp _____
Civil Judgment: Upper _____ Lower _____ Federal Tax Lien _____ State Tax Lien _____
Verification (Specify Number of Items): Education _____ License _____ Employment _____

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REFERENCES

Please list the names and addresses of three people who can serve as character references.
YOU MUST INCLUDE YOUR JOB SUPERVISOR (if employed); YOUR PROFESSOR OR DEAN (if in school) and two others.

YOU MAY NOT USE RELATIVES OR SIGNIFICANT OTHERS.

Please detach and distribute the Volunteer Applicant Reference Request Form to all three references.

1. Name: _____ Relationship: _____
Name of company: _____
Address: _____ Suite/FI: _____
City: _____ State: _____ Zip Code: _____
Phone: (____) _____ - _____

2. Name: _____ Relationship: _____
Name of company: _____
Address: _____ Suite/FI: _____
City: _____ State: _____ Zip Code: _____
Phone: (____) _____ - _____

3. Name: _____ Relationship: _____
Name of company: _____
Address: _____ Suite/FI: _____
City: _____ State: _____ Zip Code: _____
Phone: (____) _____ - _____