



Tioga Opportunities, Inc.
 9 Sheldon Guile Blvd.
 Owego, NY 13827
 Phone: 607-687-4222
 Fax: 607-687-4236
www.tiogaopp.org

Volunteer Application



Personal Information – Please Print	
Name:	Address:
Phone:	Best time to contact:
Email:	Emergency contact: Phone: Relationship:
Gender (Optional) ___ Male ___ Female	<u>Race/Ethnic Background (Optional):</u> ___ White ___ African-American ___ Hispanic-Latino ___ American Indian/Alaska Native ___ Asian
Highest level of education (Optional)	Are you or anyone in your home an Active Service Member or Veteran? (Please specify relationship to the veteran):

Volunteer Opportunities – Please check the area(s) you are interested in

- | | | |
|---|---|---|
| <input type="checkbox"/> Art/craft activities | <input type="checkbox"/> Assisting with health screenings | <input type="checkbox"/> Computer work/typing |
| <input type="checkbox"/> Exercise activities | <input type="checkbox"/> Filling or addressing envelopes | <input type="checkbox"/> Food programs/pantries |
| <input type="checkbox"/> Group Workcamp | <input type="checkbox"/> Health Insurance Counseling | <input type="checkbox"/> Home Delivered Meals |
| <input type="checkbox"/> Meal/snack preparation | <input type="checkbox"/> Musical entertainment | <input type="checkbox"/> Telephone Reassurance |
| <input type="checkbox"/> Transportation | <input type="checkbox"/> Other (Please Describe): | |

Availability – Please indicate when you could start, along with the days and times you are available to assist: _____

Previous Volunteer and/or Employment Experience please complete the following if applicable

1. Organization/Agency: When?		Position:
Supervisor Name:	Phone:	Email:
2. Organization/Agency: When?		Position:
Supervisor Name:	Phone:	Email:

Personal References – Please provide three references.			
Name	Address	Phone	Relationship
1.			
2.			
3.			

<i>Please complete information below for us to best match you with volunteer opportunities</i>	
	Circle One
Do you have any health or physical limitations we should be aware of?	Yes No If yes , please explain
Do you have your own transportation or reliable means of travel?	Yes No If no , please explain
Have you ever been convicted of a criminal offense or misdemeanor? If Yes , please attach an explanation of charges, date of offense, and status of the charges on a separate sheet to be included with this application.	Yes No If yes , please explain

FOR VOLUNTEER DRIVERS ONLY:
The following information is required for a Volunteer Transporter, Home Delivered Meals Driver, or Health Insurance Counselor.
Driver's License # _____ State _____ Expiration date ____/____/____
Birth Date: _____
Personal Vehicle Use Agreement
I understand that by agreeing to use my personal vehicle for volunteer purposes, I must maintain automobile liability insurance equal to or greater than the minimum required by New York State.
<input type="checkbox"/> A copy of your driver's license. Please attach.
<input type="checkbox"/> A copy of your auto insurance policy <u>declaration page</u> showing active coverage. Please attach.
All insurance provided by TOI for Volunteer Transporters, Health Insurance Counselors, and Home Delivered Meals drivers is secondary to your current provider. Contact TOI for details.

Social media can help further Tioga Opportunities, Inc.'s mission and goals and is a cost-effective method of engaging communities in discussion and fostering positive relationships with customers. Occasionally, TOI will use pictures of volunteers to promote a service or activity on social media. All volunteers give tacit permission to use their picture unless they opt out with written notice to the program supervisor.

Security checks will be conducted to help ensure the safety for everyone.

Volunteers will be screened as follows:

- Sex offender registry for all volunteers
- Background checks for identified specific volunteer positions

Volunteer Drivers (Home Delivered Meals, Transporters, Health Insurance Counselors) will be screened and selected as follows:

- Interviewing new volunteer drivers
- License registry for all new and current volunteer drivers

By signing below, I acknowledge that I have read and understand the following statements:

- I agree to allow Tioga Opportunities, Inc. to conduct a background check and check my references.
- I certify all answers provided on this application are true and authorize investigation of all statements.
- I understand that I am required to abide by all policies and procedures of Tioga Opportunities, Inc.
- I understand and hereby agree to hold all information obtained during my volunteer work with Tioga Opportunities, Inc. in the strictest confidence, and I will not inappropriately discuss or disclose any information to which I have access.

TOI Volunteer Signature	Date	TOI Staff	Date
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Thank you for your interest in volunteering to help members of our community.
Your information is **never** sold, shared, or used outside of Tioga Opportunities, Inc.

Tioga Opportunities, Inc. is an Equal Employment Opportunity employer and serves all people regardless of race, ethnicity, religion, age, gender, disability, or any other protected class.

TOI provides reasonable accommodations to the known disabilities of individuals in compliance with the Americans with Disabilities Act. For accommodation information, or if you need special accommodations to complete the application process, please contact Tioga Opportunities, Inc. at (607) 687 – 4222.

Return completed enrollment form to: Attn: Volunteers
(Original signatures required on the form) Tioga Opportunities, Inc.
9 Sheldon Guile Blvd.
Owego, NY 13827

Office Use Only				
Task		Staff Initials	Date Completed	Notes/Comments
<i>Informal Volunteers</i>				
<input type="checkbox"/>	Volunteer Application			
<input type="checkbox"/>	Reference Checks			
<input type="checkbox"/>	Sex Offender Registry			
<input type="checkbox"/>	Volunteer Description			
<input type="checkbox"/>	Volunteer Orientation			
<i>Formal Volunteers</i>				
<input type="checkbox"/>	Volunteer Application			
<input type="checkbox"/>	Reference Checks			
<input type="checkbox"/>	Sex Offender Registry			
<input type="checkbox"/>	Criminal Background Check			
<input type="checkbox"/>	LENS Program			
<input type="checkbox"/>	Interview			
<input type="checkbox"/>	Volunteer Description			
<input type="checkbox"/>	Volunteer Orientation			
<input type="checkbox"/>	Volunteer Handbook			

Notes: