# Volunteer Application

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

## Personal Information – Please Print

<table>
<thead>
<tr>
<th>Name:</th>
<th>Address:</th>
</tr>
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<tbody>
<tr>
<td>Phone:</td>
<td>Best time to contact:</td>
</tr>
<tr>
<td>Email:</td>
<td>Emergency contact:</td>
</tr>
<tr>
<td>Relationship:</td>
<td></td>
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<tr>
<th>Gender (Optional)</th>
<th>Race/Ethnic Background (Optional):</th>
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<tbody>
<tr>
<td>___ Male</td>
<td>___ White</td>
</tr>
<tr>
<td>___ Female</td>
<td>___ American Indian/Alaska Native</td>
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<tr>
<th>Highest level of education (Optional)</th>
<th>Are you or anyone in your home an Active Service Member or Veteran? (Please specify relationship to the veteran):</th>
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## Volunteer Opportunities – Please check the area(s) you are interested in

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

## 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?  
   Supervisor Name:  
   Phone:  
   Email:

2. **Organization/Agency:**  
   When?  
   Supervisor Name:  
   Phone:  
   Email:
Please complete information below for us to best match you with volunteer opportunities

<table>
<thead>
<tr>
<th>Circle One</th>
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<tbody>
<tr>
<td>Do you have any health or physical limitations we should be aware of? Yes  No  If yes, please explain</td>
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<tr>
<td>Do you have your own transportation or reliable means of travel? Yes  No  If no, please explain</td>
</tr>
<tr>
<td>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</td>
</tr>
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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.

☐ A copy of your driver’s license. Please attach.

☐ A copy of your auto insurance policy declaration page 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.

<table>
<thead>
<tr>
<th>TOI Volunteer Signature</th>
<th>Date</th>
<th>TOI Staff</th>
<th>Date</th>
</tr>
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</table>

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  
Tioga Opportunities, Inc.  
9 Sheldon Guile Blvd.  
Owego, NY 13827
### Informal Volunteers
- [ ] Volunteer Application
- [ ] Reference Checks
- [ ] Sex Offender Registry
- [ ] Volunteer Description
- [ ] Volunteer Orientation

### Formal Volunteers
- [ ] Volunteer Application
- [ ] Reference Checks
- [ ] Sex Offender Registry
- [ ] Criminal Background Check
- [ ] LENS Program
- [ ] Interview
- [ ] Volunteer Description
- [ ] Volunteer Orientation
- [ ] Volunteer Handbook

**Notes:**