

☐ Ohio Dept. Of Job and Family Services    ☐ Court Ordered/Probation    ☐ No requirement

**The following section is voluntary and is only collected for reporting to funders about the demographics of our volunteer helpers. These things do not in any way influence our decision in asking you to volunteer for us.**

Gender    ☐ Male        ☐ Female

Ethnicity    ☐ Hispanic        ☐ Non-Hispanic

Race        ☐ Asian        ☐ American Indian /Alaska Native    ☐ White/Caucasian    ☐ Black/African American  
  
☐ Multiple Races ☐ Other \_\_\_\_\_

Are you now or have you ever received services at CRC?    ☐ Yes        ☐ No

\*\*\*We do encourage and welcome folks receiving services to volunteer at CRC\*\*\*

### Emergency Contact

_____ Name	_____ Relationship		
_____ Complete Address	_____ City	_____ State	_____ Zip
_____ Day Phone	_____ Evening Phone		

### Previous Experiences

(Employment, Volunteer or Educational experiences)

Organization	Dates of Service	Services Performed
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

### Driver's License

State    ☐ Ohio    ☐ Other: \_\_\_\_\_

Number: \_\_\_\_\_        Expiration Date: \_\_\_\_\_

### Area(s) of Interest

Please check the area(s) in which you would like to volunteer.

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Administrative/Clerical Support     | <input type="checkbox"/> Special Events          | <input type="checkbox"/> Helping with physical jobs/lifting/moving, etc. |
| <input type="checkbox"/> Senior Transportation               | <input type="checkbox"/> Homework Help           | <input type="checkbox"/> Youth Programs                                  |
| <input type="checkbox"/> Food Pantry                         | <input type="checkbox"/> Arts and Crafts         | <input type="checkbox"/> Other _____                                     |
| <input type="checkbox"/> Computer Projects/websites/internet | <input type="checkbox"/> Front Desk Receptionist | <input type="checkbox"/> Sunday Breakfast/Community Meals                |
| <input type="checkbox"/> Gardening                           | <input type="checkbox"/> Kinship Care            |  |

## Availability

Days: ☐ Mon-Fri ☐ Mon ☐ Tues ☐ Wed ☐ Thurs ☐ Fri ☐ Sat ☐ Sun ☐ Flexible

Times Available: \_\_\_\_\_

## Declaration of Criminal History

Have you ever been convicted of a felony, or, within the past 24 months, convicted of a misdemeanor that resulted in imprisonment?  
(a conviction will not necessarily disqualify an applicant) ☐ Yes ☐ No

## References

For both references, please select someone **not** related to you (spouse, in-law, immediate family, fiancé, etc).

Reference (*Personal*)

Name	Relationship to you	Phone Number
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Reference (*Professional*)

Name	Relationship to you	Phone Number
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## Volunteer Agreement and Signature

By signing this application, I verify that the information provided is true, correct, and complete. I hereby give my consent to **The Clintonville-Beechwood Community Resources Center (CRC)** to verify this information, including contacting references, and unconditionally release **CRC** from all liability which might result from furnishing same. I understand that my acceptance as a **CRC** volunteer is on a conditional basis, and that **CRC** reserves the right to terminate the service of any volunteer whose conduct and performance in any way reflects negatively upon the agency.

- ☐ (*Optional – check if “yes”*) I grant full permission to the sponsors, organizers and affiliates to use my name, photographs or any other record of participation in this volunteer service event for use in any broadcast, telecast, or any other written account of the event for publicity purposes, without compensation or remuneration.

\_\_\_\_\_  
**Applicant's Signature**

\_\_\_\_\_  
**Date**

***If applicant is under age 18:***

I give my permission for my child to participate as a volunteer with **CRC**. I understand that **CRC** staff are not responsible for the care and supervision of my child and I will not hold **CRC** responsible if my child leaves the premises.

- ☐ (*Optional – check if “yes”*) I grant full permission to the sponsors, organizers and affiliates to use my child's name, photographs or any other record of participation in this volunteer service event for use in any broadcast, telecast, or any other written account of the event for publicity purposes, without compensation or remuneration.

\_\_\_\_\_  
**Parent / Guardian Signature**

\_\_\_\_\_  
**Date**

Clintonville Beechwald  
Community Resources Center  
14 West Lakesview Ave.  
Columbus, OH 43202

I Give: \_\_\_\_\_ permission to seek a copy of my arrest record from the Franklin County Sheriffs Office. I do hereby release the Franklin County Sheriffs Office and all individuals and agencies herewith from all liability.

DATE \_\_\_\_\_ 20 \_\_\_\_\_ SIGNATURE \_\_\_\_\_

NAME \_\_\_\_\_ ALIAS \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_ SEX \_\_\_\_\_ RACE \_\_\_\_\_

SOCIAL SECURITY NUMBER \_\_\_\_\_

AGENCY REQUESTING RECORD \_\_\_\_\_

Clintonville Beechwald  
Community Resources Center  
14 West Lakesview Ave.  
Columbus, OH 43202

SIGNATURE OF AGENT MAKING REQUEST \_\_\_\_\_

This is a copy of the arrest record on record at the Franklin County Sheriff's Office on the above named subject. It is only a check by name and not by fingerprints, and is not verified as to the true identity of the subject in question.

Date	Charge

DISPOSITIONS

Municipal Court 645-8186  
375 S. High St

BY \_\_\_\_\_

Common Pleas Court 462-1650  
369 S. High St.

DATE \_\_\_\_\_



**CLINTONVILLE**  
**BEECHWOLD**  
**COMMUNITY RESOURCES CENTER**

**The Clintonville-Beechwold Community Resources Center**  
**14 West Lakeview Avenue**  
**Columbus OH 43202**

Voice: 614-268-3539 Fax: 614- 268-5028  
[www.clintonvillecrc.org](http://www.clintonvillecrc.org)

**Volunteer Statement of Confidentiality**

*During the time you spend at CRC or any of its programs or events you may see someone you know who lives in your neighborhood or attends your school, church, or place of employment. It is very important that you respect that person's privacy and legal rights to keep their information private. Even telling someone that you saw your neighbor, colleague, etc. at the CRC is breaking the law.*

There are in effect federal and state regulations, legal precedents and social work codes of ethics that prohibit disclosure of any information obtained from a client in confidence, including the client's presence and/or status of receiving services without the client's written consent, except when disclosure is necessary to prevent serious, foreseeable and imminent harm to a client or another identifiable person. In other words, as a CRC volunteer you are required to maintain confidentiality unless you believe a client may harm him/herself, harm another identifiable person, or a child is being harmed. In these cases, you are a mandated reporter and as such have an obligation to report the situation to the supervisory staff person on duty.

These regulations and ethical codes were designed to ensure the privacy of any individual seeking services. It is not appropriate to talk about who is receiving benefits, share information or photos in any way including on the internet and social media. Confidentiality includes the client's presence and/or status of receiving services. Confidentiality includes the safeguarding of client records. Volunteers and staff are responsible for the confidential handling of all information that we receive from our clients. Volunteers and staff are responsible to ensure that records are secured in a locked environment at all times. Any volunteer or staff person who violates these regulations may be held legally responsible.

I signify that I have read and am willing to comply with the above statement.

\_\_\_\_\_  
Signature

\_\_\_\_/\_\_\_\_/\_\_\_\_ Date

## **CIVIL RIGHTS TRAINING FOR VOLUNTEERS WHO ASSIST WITH FNS PROGRAMS**

\_\_\_\_ Goals of civil rights – fairness and equality of treatment and benefit delivery

\_\_\_\_ Legal prohibitions – discrimination is prohibited on the bases of race, color, national origin, age, sex, and disability in special nutrition programs funded by the USDA, Food and Nutrition Service. (The Food Stamp Program and Food Distribution Program on Indian Reservations also prohibit discrimination based on religion and political beliefs in addition to the bases listed above.)

\_\_\_\_ Types of Discrimination – Disparate treatment (intentional), disparate impact (neutral rule impacts disproportionately on a group), reprisal/retaliation against complainant or his/her family, associates or others involved in complaint process or exercising civil rights.

\_\_\_\_ Exceptions - Congress can establish a program that is intended for certain groups of people, and it is not discrimination to exclude those who do not meet eligibility requirements. For example, Congress can set age limits, and this is not age discrimination or disability discrimination for those who do not meet the age limits.

\_\_\_\_ When do civil rights rules apply – Civil rights rules apply any time there is any federal financial assistance. Federal financial assistance is receiving anything of value from the federal government – not just cash. It can include commodities, training, equipment, and other goods and services.

### Special circumstances

\_\_\_\_ Make sure people with disabilities are accommodated. Sites should be accessible to people with all types of disabilities (e.g. mobility, sight, hearing, other) or alternate means of service delivery should be advertised and provided.

\_\_\_\_ Provide other language assistance to persons with limited English proficiency who could not gain meaningful access to the program without other language assistance. Assistance must always be provided to LEP households, but the level or type of assistance can vary based on circumstances.

\_\_\_\_ Other requirements

\_\_\_\_ Treat all people with dignity and respect.

\_\_\_\_ Display the USDA “And Justice for All...” non-discrimination poster in a place where it can be seen by all who visit the premises.

\_\_\_\_ Include the USDA non-discrimination statement on all materials that mention USDA funded programs and make sure the statement is also on web sites that mention USDA funded programs.

\_\_\_\_\_ Conduct outreach to insure that potentially eligible persons and households are aware of the program and have information on how to apply. Provide suggestions about how to make more people aware of the program and how to receive benefits.

\_\_\_\_\_ Maintain confidentiality. It is not appropriate to talk about who is receiving benefits and to make remarks about them. Never share information with others regardless of an expression of good intentions. Refer all requests for information to managers. What happens at the site stays at the site. The exception, of course, is any illegal or inappropriate behavior that should be reported to state or federal officials.

\_\_\_\_\_ Collect racial/ethnic data (except TEFAP) and use it to target outreach and to assess participation. Make sure individual data are kept confidential. If people refuse to provide, you must code for them based on perception.

\_\_\_\_\_ Cooperate with State and Federal reviewers. They are required to conduct periodic compliance reviews to help insure that program and civil rights rules are being obeyed.

\_\_\_\_\_ If there is non-compliance, correction of problems and voluntary compliance is sought. Failure to abide by civil rights rules can lead to loss of Federal financial assistance.

\_\_\_\_\_ Sexual harassment is prohibited. Do not engage in or tolerate unwanted or unwelcome sexual behavior including jokes, touching, requests for sexual favors, etc. Report violations to management or to state or federal officials.

\_\_\_\_\_ Advise people who allege discrimination about how to file a complaint. They may write to: USDA, Director, Office of Civil Rights, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410 or call (800) 7795-3272 or (202) 720-6382 (TTY). In the Midwest Region they may also write to Regional Director, Civil Rights/EEO, 77 W. Jackson Blvd., FL 20, Chicago, IL 60604-3591 or call (312) 353-3353. Almost all complaints are referred to the Chicago office for investigation and are actually investigated by staff from FNS field offices located in the state where the complaint originated.

\_\_\_\_\_ If conflicts occur, remain calm. Call for assistance immediately if you feel threatened. Consider mediation or a third party to help resolve the situation.

\_\_\_\_\_ Follow the platinum rule – treat people the way they would like to be treated (or be aware of what that is)!

Signature\_\_\_\_\_

Date\_\_\_\_\_