

Volunteer Application

For ACCORD Office / Administrative Volunteers

Please Print Clearly.

Name: _____ Date: _____
Home Address: _____
Home Phone: (____) ____ - ____ SSN: _____ Sex: M F
Emergency Contact Person: _____ Phone: (____) ____ - ____
Employer: _____ Type of Organization: _____
Position: _____ Length of time employed: _____
Business Address: _____
Phone: (____) ____ - ____ May we phone you at work: _____
Email: _____

EDUCATION HISTORY:

School	Field of Study	Degree	Date
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

EXPERIENCE:

List Any Specific Qualifications/Skills You Have That Would Be An Asset To This Program/Agency:

ADDITIONAL INFORMATION:

Have You Ever Been Convicted Of A Crime: _____ Explain:

Why Do You Wish To Participate In This Program:

How Did You Become Aware of ACCORD:

REFERENCES:

Please List Three Non Related References.

1. Name: _____ Relationship: _____
Address: _____ Phone:(_____) _____ - _____

2. Name: _____ Relationship: _____
Address: _____ Phone:(_____) _____ - _____

3. Name: _____ Relationship: _____
Address: _____ Phone:(_____) _____ - _____

Applicants Certification and Agreement

The criteria used in the selection of volunteers have been established to insure that the individual is able to meet the responsibilities of being a volunteer of ACCORD. No individual will be rejected based on race, color, religious creed, national origin, sex, age or marital status.

I hereby certify that the facts set forth in this volunteer application are true and complete to the best of my knowledge. I understand that if accepted as a volunteer, falsified statements on this application shall be considered sufficient grounds for dismissal. I understand the information in this application and that otherwise may be obtained will be used only for determining my eligibility for volunteer service and will be kept confidential.

Signature of Applicant

Date

**Permission for
ACCORD, A Center for Dispute Resolution, Inc.
To Conduct A Background Investigation**

You are hereby authorized to make any investigation of my personal history and financial credit record through any investigation or credit agencies or bureaus of your choice. (If I request, you will advise me whether or not such a report was requested, and if so, you will provide the name and address of the agency which furnished the report to you). If I am accepted as a volunteer, I understand ACCORD will conduct a background investigation that may be used to determine my suitability for ongoing volunteerism.. As part of the background investigation, I authorize ACCORD to obtain a federal and state review of criminal records, a New York State Child Abuse Central Registry check, as well as a verification of my social security number (SSN).

Due to the nature of ACCORD/CASA programs, any applicant found to have been convicted of, or having charges pending involving crimes against, or potentially involving, children or that might affect the programs' credibility may be rejected. Each applicant is reviewed on a case-by-case basis. I understand the information in this application and otherwise obtained will be used only for determining my eligibility for volunteering and will be kept confidential.

Signature of Volunteer Applicant

Date