



RIVERA MEMORIAL FOUNDATION, INC.

186 Cherry Street
 Waterbury, CT 06702
www.rmfinc.org

VOLUNTEER APPLICATION

Applicant Information							
Last Name:		First:			Date:		
Street Address:					Apt/Unit:		
City:		State		Zip:			
Phone:		Cell Phone:					
Email address:							
Name of Parent/Guardian:					Phone:		
Emergency Contact:				Relation:		Phone:	
Do you have health insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No							
If yes, Name of Company:					Policy Number:		
Do you have any medical issues: <input type="checkbox"/> Yes <input type="checkbox"/> No							
If yes, please explain:							
Have you ever been convicted of a felony? <input type="checkbox"/> Yes <input type="checkbox"/> No				If yes please explain:			
Availability							
Please check program you would like to volunteer for:							
<input type="checkbox"/> After School <input type="checkbox"/> Camp <input type="checkbox"/> Cheer <input type="checkbox"/> Sports <input type="checkbox"/> Other/Position: _____							
Please write in your time/day availability	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Experience/Education and Skills							
Current employment status: <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Not Employed							
Have you ever volunteered for the RMF? <input type="checkbox"/> Yes <input type="checkbox"/> No							
Current High School Grade: <input type="checkbox"/> Freshman <input type="checkbox"/> Sophomore <input type="checkbox"/> Junior <input type="checkbox"/> Senior							
Do you speak any other languages? <input type="checkbox"/> Yes <input type="checkbox"/> No				If yes, please list language <input type="checkbox"/> Fluent <input type="checkbox"/> Semi-Fluent <input type="checkbox"/> Basic			
Computer Skills/Software Used:							
Do you play any sports? If yes, please list: _____ <input type="checkbox"/> Yes <input type="checkbox"/> No							
Professional References							
Name		Relationship and contact info (e-mail and/or phone number)					



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Disclaimer and Signature

1. Volunteers must arrange for their own transportation to and from the office or volunteer work site.
2. Volunteers are required to arrive and leave promptly at their scheduled time.
3. Volunteers who will be late or absent must call the Volunteer work site as well as the RMF office at (475) 235-3182 prior to the scheduled time.
5. The Volunteers must follow the rules and guidelines outlined in the Volunteer Handbook received upon initial orientation with Supervisor.
6. I understand that I must complete a general orientation and gain knowledge of policies and procedures that pertain to my volunteer site.
7. I also certify that the statements made in this Volunteer application are true and correct, and have been given voluntarily. I understand that this information may be disclosed to any party with legal and proper interest, and I release the Rivera Memorial Foundation, Inc. from any liability whatsoever for supplying such information.
8. I understand that I will not be paid by my work site as I provide my volunteer services. I understand that though this is volunteer program, the staff and work site will tries to make it as much like a "real job" as possible.

I hereby agree not to divulge any information or records concerning any of the Rivera Memorial Foundation programs' students, or other youth or family members of the greater Waterbury community, without proper authorization in accordance with state and federal law and interagency agreement(s). Welfare and Institutions Codes, Drug/Alcohol Codes, Education Codes, and Connecticut Codes all require that the information shared in the course of my duties be confidential and shall only be used for the purpose of developing and implementing services to promote the health and development or to reduce health risks and problems of students in the RMF programs. I recognize that any improper discussion of or release of information concerning a participant to any unauthorized person is forbidden and may be grounds for legal and/or disciplinary action. During the performance of my assigned duties, I will have access to confidential information required for effective student and family assessments, interventions, and services coordination. I agree that all discussions, deliberations, records, and information generated or maintained in connection with these activities will not be disclosed to any unauthorized person. I recognize that the unauthorized release of confidential information may expose me to civil/criminal liability and penalties.

I UNDERSTAND THAT THE OBJECTIVE OF THIS PROGRAM IS TO PROVIDE POSITIVE ALTERNANTIVES BY PROVIDING YOUTH WITH WORKSHOPS, TOPICS SUCH AS: CAREER DEVELOPMENT, SUBSTANCE ABUSE INTERVENTION/PREVENTION, TEEN PREGNANCY PREVENTION, DATE RAPE/SEXUAL ASSAULTGANGS/VIOLENCE, ALSO WILL INCLUDE RECREATIONAL ACTIVITIES, FIELD TRIPS, AND PEER TUTORING, THIS IS TO BE PROVIDED TO YOUTH FROM AGES OF 14- 21 YEARS OF AGE. THIS MEANS THAT WHILE IN THE PROGRAM I WILL NOT BE INVOLVED WITH ANY SUCH, DRUGS, GANGS OR ANY TYPE OF CRIME OR VIOLENCE. IF AT ANYTIME I BREAK ANY OF THE RULES IN THIS CONTRACT AND THE VOLUNTEER RULES AND REGULATIONS HANDBOOK I WILL BE IMMEDIATELY TERMINATED FROM THE PROGRAM. I UNDERSTAND THAT BY SIGNING THIS CONTRACT I HAVE TO ABIDE BY RULES AND REGULATION. I AGREE TO THE STIPULATION AND WILL ACCEPT THEM TO THE BEST OF MY ABILITY.

I have read and understand the above rules and permission is given for my son/daughter,

_____,to become a Volunteer at the Rivera Memorial Foundation, Inc. site. I also give permission for my child to have their photo taken and used for promotional media for the organization.

Applicants please read and sign the statement below



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I, hereby, state that I have completed this application with minimal help from my parent or guardian. I agree to the requirements Stated and will cheerfully do what is asked of me. I understand it might be possible that depended on my assign volunteer work site; I must attend an orientation session with my before I can begin volunteering at Rivera Memorial Foundation, Inc. Furthermore, I understand all photographs of me participating in activities may be used for publicity for the RMF Inc.	
Parent Signature:	Date:
Applicant Signature:	Date:

Confidentiality Statement	
<p>I accepted as an Internship program at the Rivera Memorial Foundation, Inc. & _____, I agree that: I understand that under the Health Insurance Portability and Accountability Act (HIPAA) guidelines, resident, participates, clients, etc. protected health information (PHI) is required by law to maintain the privacy of medical information pertaining to our residents, participates, clients, etc. PHI includes: Any individually identifiable health information that is transmitted or maintained by RMF or volunteer work site; Identifies and individual or offers a reasonable basis for identification; relates to a past, present or future physical or mental health condition; is created or received by volunteer work site. I shall hold confidential all information that I may obtain directly or indirectly concerning patients, doctors or personnel, and not seek to obtain confidential information from a patient. Discussing information about a resident with employees (other than directly involved with that resident's care) with other residents, volunteers, visitors, friends, neighbors or otherwise unauthorized individuals is inappropriate. My services are donated to the facility without contemplation of compensation or future employment, and given with humanitarian, religious or charitable reasons. I shall not sell or attempt to sell goods or services, request contributions, or solicit persons to sign or distribute political petitions on RMF or volunteer site property, unless I receive the expresses authorization of the Volunteer Service Supervisor to engage in these activities. I shall submit my test examinations, which may include chest x-rays, TB skin tests, appropriate laboratory test and/or immunizations that may be necessary as part of my volunteer service. I shall attempt to resolve any problems related with my volunteer activities with my supervisor, and, if unsuccessful, attempt to resolve any such problems with the Volunteer Service Supervisor or Rivera Memorial Foundation supervisor, I will bring fore to Exec. Director. I shall make my best effort to fulfill my commitment to the volunteer work site by completing all assignments that I accept. I shall at all times uphold the mission and standards of the Rivera Memorial Foundation, Inc. I understand that the Rivera Memorial Foundation, Inc. or the Volunteer Services Department work site reserves the right to terminate any volunteer status as a result of (a) failure to comply with site policies, rules and regulations; (b) absences without prior notification; (c) unsatisfactory attitude, work, or appearance; or (d) any other circumstances which, in the judgment of the department Supervisor, would make my continued services as a volunteer contrary to the best interests of the Rivera Memorial Foundation, Inc. or the Volunteer Services Department work site. I have read each of the above conditions and I agree to be bound to them.</p>	
Parent Signature:	Date:
Applicant Signature:	Date:



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All information provided is CONFIDENTIAL and used for grant purposes only

Student Name: Last _____ First _____ MI _____

Student Gender: _____ Male _____ Female

Student Date of Birth: Month _____ Day _____ Year _____

Student Grade: Check one for current school year

____ 9 ____ 10 ____ 11 ____ 12 ____ Other: _____

College/School attending next year: _____

Student Race / Ethnicity: (check only one)

____ White (not Hispanic / Latin) ____ Black (not Hispanic / Latin)

____ Asian ____ Hispanic / Latin ____ American Indian ____ Other

Family Status: Check the line that best describes the adults living in the student's home at the present time.

____ Mother & Father ____ Mother only ____ Father only

____ Mother & Stepfather ____ Father & Stepmother ____ Foster Parents

____ Other relatives ____ Other (please specify) _____

Household Income: It is important to know something about the household income levels of the students using the center.

Does the household receive AFDC / TFA? ____ Yes ____ No

Does the student receive free / reduced price meals at school? ____ Yes ____ No

Please select the appropriate range your household income falls in at the present time:

____ \$ 0-\$1,000/ month OR \$0-\$12,000/ year ____ \$1,001- \$2,000/month OR \$12,001-\$24,00/year

____ \$2,001-\$3,000/month OR \$24,001-\$36,000/year ____ \$3,001-\$4,000/ month OR \$36,001-\$48,000/year

____ \$4,001/ month OR \$48,001/year

I, _____ do hereby authorize the Department of Children and Families to research <i style="margin-left: 100px;">Applicant Name</i>						
its records to determine whether or not I am on the central registry of persons responsible for child abuse and neglect I understand that this information may be used to determine my suitability solely for <i>(check one)</i> :						
<input type="checkbox"/> Employment <input type="checkbox"/> Day Care <input type="checkbox"/> Volunteer <input type="checkbox"/> Intern <input type="checkbox"/> Mentor <input type="checkbox"/> Other:						
Name of Agency:				Attention:		
Rivera Memorial Foundation, Inc.				Jessica Ocasio		
Address: (No. and Street):		Apartment #	City:	State:	Zip:	
186 Cherry Street			Waterbury	CT	06702	
I release the Department of Children and Families from any liability for any damages I may incur which may result from the release / use of this information. I submit my following information to assist the Department. of Children and Families in their search.						
Last Name		First Name:		Middle:	DOB:	SS:
Address: (No. and Street):		Apartment #:	City:	State:	Zip:	Years at current address?: Years Months
Previous Address(es)/List All for the Last Five Years <i>(continue on reverse side of form if necessary)</i>						<input type="checkbox"/> Check if reverse side used
Address: (No. and Street):		Apartment #:	City:	State:	Zip:	Dates From: (Month/Year) Dates To: (Month/Year)
Other Names I have Used – Including Maiden, Previous Marriages(s) <i>(continue on reverse side of form if necessary)</i>						<input type="checkbox"/> Check if reverse side used
Last Name		First Name:		Middle:	DOB:	SS:
Name of Spouses/Other Adults in the Home – Past and Present <i>(continue on reverse side of form if necessary)</i>						<input type="checkbox"/> Check if reverse side used
Last Name		First Name:		Middle:	DOB:	Signature (if still in Home) Date:
Names of ALL Child(ren) – Biological, Stepchildren Including Adult Children In or Out of the Home						<input type="checkbox"/> Check if reverse side used
Last Name		First Name:		Middle:	DOB:	Gender:
Do you have an active DCF investigation at this time? <input type="checkbox"/> Yes <input type="checkbox"/> No Do you have an active appeal of a DCF investigation at this time? <input type="checkbox"/> Yes <input type="checkbox"/> No						
Applicant Signature:						Date:
THIS AUTHORIZATION WILL EXPIRE 180 DAYS AFTER THE DATE OF THE SIGNATURE. FORMS NOT FILLED OUT COMPLETELY AND / OR CLEARLY WILL BE RETURNED. DO NOT LEAVE ANY BLANK SPACES. PLEASE SPECIFY WITH N/A IF NOT APPLICABLE.						
****DCF Conducts a Search of the CT Registry ONLY** The Accuracy of this Search is Limited to the Information Provided by the Applicant to DCF						
Mail to: DCF Careline Background Searches – 505 Hudson Street – 5th Floor – Hartford, CT 06106 or FAX: 860-560-7071 <i>DCF-CT Careline CPS-BGC USE ONLY - DO NOT WRITE BELOW THIS LINE</i>						
Date:		Central Registry?: <input type="checkbox"/> Yes <input type="checkbox"/> No			Processors Initials:	