

CCA - Connecting Communities in Action



Volunteer Opportunities

LOOK FOR
THE HELPERS.



Mister Rogers

Our Mission

CCA builds resilient communities by helping people achieve economic, physical, and emotional security.



CCA - Connecting Communities in Action
25 Jefferson Street
Salamanca, New York 14779
Telephone: (716) 945-1041 • Facsimile: (716) 945-1301
www.ccaaction.org

Volunteer Application

Date: _____

Volunteer Name: _____

Volunteer Alias or Maiden Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone/Cellular: ____ () ____ - _____ Email: _____

Would you consider your household to be categorized as low-income? ____ Yes ____ No ____ IDK

Have you ever been convicted of a Crime? * ____ Yes ____ No

**Be advised that we do obtain background checks from Cattaraugus County Sheriff's Department and Statewide Central Register Database*

Who may we contact in case of an emergency?

Name: _____ Relationship: _____

Contact Number: ____ () ____ - _____

STATE CENTRAL REGISTER DATABASE CHECK *Agency Use Only*

APPLICANT/HOUSEHOLD MEMBER AREA: **Additional pages in back, if necessary.*

IF THERE ARE NO OTHER HOUSEHOLD MEMBERS, PLEASE CHECK THIS BOX.

Relationship to Volunteer	Last Name	First Name	Sex (M/F/Other)	Date of Birth

Please provide your current address AND any other addresses at which you have resided for the last 28 years, including street, city, and state. **Additional pages in back, if necessary.*

Street Address	City	State	Zip Code	From(Mo/Yr) - To

I hereby state that the information above is true to the best of my knowledge.

Signature _____ Date _____

Signature of Parent for Volunteers Under 18 Years _____ Date _____

Return to:

CCA - Volunteering
 25 Jefferson Street, Salamanca, NY 14779
 Telephone: (716) 945-1041; Fax: (716) 945-1301

Volunteer Interests Worksheet

NUTRITION

- Assistance in Food Pantry Meal Delivery
 Food Preparation/Service/Clean-Up in Community Kitchen
 Gardening/Gleaning

TRANSITIONAL SERVICES/PROPERTY MANAGEMENT

- Painting/Cleaning/Sorting
 Planning and implementing in-house tenant activities, such as flower planting, knitting, quilting, cards and board games
 Transportation Grocery Shopping

VICTIM SERVICES

- Assistance at Safe Shelter Transportation
 Accompaniment to DSS and other partnering agencies and court

What is your availability?:

- Ongoing One time event
 Morning Afternoon
 Mon Tues Wed Thurs Fri
 Daily Weekly Monthly



Volunteer Service Agreement

As a part of the CCA Volunteer Team, I agree to:

- Hold ***absolutely confidential*** all information that I may obtain directly or indirectly concerning clients and staff
- Honor my commitment to a specific job assignment
- Be professional, conscientious, and conduct myself with dignity, courtesy, and consideration of others.
- Maintain a well-groomed appearance and abide by the dress code policy.
- Attend orientation and in-service training as scheduled.
- Perform all assignments in a professional manner and seek the assistance of the Supervisor, when necessary.
- Become familiar with and adhere to CCA's policies and procedures.
- Notify the Supervisor ***immediately*** if unable to volunteer as scheduled.
- I understand that CCA and the Volunteer Coordinator reserve the right to terminate my volunteer status as a result of
 - (a) Failure to comply with CCA policies;
 - (b) Unsatisfactory attitude, work, or appearance;
 - (c) Any other circumstances which, in their judgment, would make continued services as a volunteer contrary to the best interests of CCA and its clients.

I hereby: *(Please initial)*

___ Certify that there are no misrepresentations concerning my personal and professional history

___ Authorize CCA to investigate my reference records and make any further investigations deemed necessary in connection with my application to volunteer

___ Release CCA and all informants from any and all liability resulting from any investigation

___ Waive all rights to see or review the information so furnished

___ Certify that I **have not** been convicted of a criminal offense

___ Certify that I **have** been convicted of a criminal offense (Explain in Full)

___ I am aware that misstatements of material facts cause me to be disqualified from holding a volunteer position at CCA

SIGNATURE

DATE

CONFIDENTIALTY PLEDGE

As a volunteer of CCA, you share the responsibility of safeguarding our colleagues' and clients' confidentiality. This includes all conversations, records, and any other information.

The following guidelines adhere to State Regulations and provide the basis of CCA's confidentiality policy:

1. Written or verbal information regarding a client will be released or shared **only after** securing a signed, written release of information from the client or the client's legal guardian, and the client has demonstrated a clear understanding of the client's Bill of Rights.

2. Within CCA, discussion of clients should occur **only** among persons involved with that particular client. Conversations will be conducted **only** when necessary and in a professional manner in a secure, private area.

3. As a volunteer, you will refrain from discussing any client information with spouses, friends, and/or relatives. It is important not to reveal names, events, or any other identifying information.

4. As a volunteer, you need to be aware of the "duty to warn" and child abuse mandates. You have an obligation to inform your CCA supervisor and/or the appropriate authorities as to a client's stated intent to do physical harm to themselves or others. Mandated reports to authorities are to be made only by staff in supervisory positions. Therefore, volunteers will report suspected abuse to their supervisor.

5. Any records or information regarding client confidentiality shall be maintained in accordance with the Federal Confidentiality #42.

6. The location and telephone number of the Domestic Violence Shelter will be kept confidential, along with residents' identities.

SIGNATURE

DATE

Responsibilities of Volunteers...

- ☼ Treat everyone you come in contact with with kindness and respect.**
- ☼ To maintain all client confidentiality at all times and places WITHOUT EXCEPTION. Breach of this will be the immediate withdrawal of your volunteer work at CCA.**
- ☼ To agree to a background check with NY State Registry for Children & Youth and to have a current and valid driver's license, if necessary.**
- ☼ To agree and understand your schedule and be present as assigned. If unable to attend at your scheduled time, call as soon as possible and notify the supervisor.**
- ☼ Hygiene must be neat and clean, and dress is business casual.**
- ☼ To ensure you are assigned to the area of your interest.**
- ☼ To learn as much as possible about the organization.**
- ☼ To make sure you are trained for the work you are asked to do and ask questions.**
- ☼ To ensure you have the guidance and direction you need to do the work.**
- ☼ To share your ideas, opinions, and to be a part of the planning processes.**
- ☼ To inform the supervisor, if your perception is that your work is not being valued or appreciated.**



Attn: Records Department
CATTARAUGUS COUNTY SHERIFF'S DEPT.
301 Court Street
Little Valley, NY 14755

Date: _____

To Whom It May Concern:

You have my permission to release any type of Criminal Record on _____
to Cattaraugus Community Action, Inc. for the purpose of employment or volunteerism.

If there is a record, please also indicate that information.

Applicant Signature

CCA Representative

Applicant Name (Print Legibly)

Applicant Maident Name (Print Legibly)

Applicant Address

AKA (Print Legibly)

Applicant Social Security Number

Applicant Date of Birth