



Volunteer Application

Volunteer Name: _____

Address: _____ City _____ Zip _____

Daytime Phone: _____ (circle: work / cell / home)

Evening Phone: _____ (circle: work / cell / home)

Email: _____

Current Occupation / School & Focus of Study: _____

How did you hear about USCRI Albany? _____

Emergency Contact Name: _____

Relationship: _____ Phone: _____

Availability: Approximately how many hours per week are you interested in volunteering?

Availability includes: Weekdays, day time Weekdays, evening Weekends

What date would you like to start volunteering? _____ End date? _____

USCRI must speak to two personal references regarding volunteer applicants' character and reliability before a volunteer can work directly with USCRI's clients.

Please list three (3) personal references who have known you more than one year and are not family members nor employers; employers often cannot provide *personal* references.

1) Reference name : _____

Relationship: _____ Daytime phone number: _____

2) Reference name: _____

Relationship: _____ Daytime phone number: _____

3) Reference name: _____

Relationship: _____ Daytime phone number: _____

Application Continues on Reverse

Office Use Only: DR _____ CW _____	VL <input type="checkbox"/> GG <input type="checkbox"/> DB <input type="checkbox"/> HV <input type="checkbox"/>	AR <input type="checkbox"/> CC <input type="checkbox"/> RC <input type="checkbox"/>	OK:
PNV <input type="checkbox"/> HH <input type="checkbox"/> FD <input type="checkbox"/> VHM <input type="checkbox"/> I/T <input type="checkbox"/>	NS:		

Volunteer Roles

Please indicate one or more ways you would consider volunteering with USCRI Albany

Role	Description	Time commitment
<input type="checkbox"/> Patient Navigator Volunteer	Provide transportation and “waiting room advocacy” during refugees’ first health appointments.	Weekdays, business hours. 6-8 hours/month.
<input type="checkbox"/> Housing Helper	<input type="checkbox"/> Heavy lifting <input type="checkbox"/> lighter set-up tasks <input type="checkbox"/> willing to use my vehicle <input type="checkbox"/> organize donated goods in warehouse	Weekdays, business hours. Needs vary by week and are communicated via email.
<input type="checkbox"/> Front Desk Volunteer	Welcome and assist clients in person and on the telephone; coordinate with staff and interns; administrative assistance.	Weekdays, business hours. Must commit to a weekly shift of 3 or more hours per week for at least 6 months.
<input type="checkbox"/> Interpreter / Translator	Provide interpretation in person or over the phone; translate documents	Weekdays, business hours. On call / As needed <i>Needed languages: Karen, Burmese, Arabic, Farsi/Dari, Nepali, French</i>

Please list language skills, including level of speaking and/or writing ability:

The following volunteer opportunity is with the Refugee Health Access Partnership, a collaboration between USCRI Albany and the Health Action Team of the Capital Region Refugee Roundtable

<input type="checkbox"/> Volunteer Health Mentor	Assist a refugee family to enroll with a Primary Care Provider, and to make and attend initial well-patient appointments	Varies based on family size and needs. Consistent effort required over several months to meet goals.
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Into which age group do you fall?

under 18 years
 18-25 years

26-35 years
 36-45 years

46-65 years
 over 65 years

Help us get you started. Please share anything that you feel would be important for us to know about you and your interests, education, and skills.



Volunteer Agreement

Thank you for your interest in volunteering with the US Committee for Refugees and Immigrants in Albany. For the safety of our clients, we require that you sign where requested on the next two pages to indicate your agreement with our policies, and that you provide us with permission to complete background checks.

Confidentiality Agreement

I understand that any and all information that I may receive while performing my prescribed duties as an USCRI Albany volunteer is strictly confidential.

Examples of such information include, but are not limited to, a client's name, legal status, medical condition and treatment, finances, living arrangements, employment, and personal history. Also included are USCRI Albany paperwork, case files, and other information volunteers may come across while in the USCRI Albany office.

I agree not to remove from USCRI Albany premises any materials that may jeopardize the confidentiality of an USCRI client, donor, staff member, or volunteer. I agree not to disclose any information of a confidential nature whether while in performance of my duties or after I have terminated my involvement with USCRI Albany.

I understand that the violation of a client's confidentiality is grounds for immediate termination as an USCRI Albany volunteer.

Signature: _____ Date: _____

Volunteer Insurance Clarification

I shall work for USCRI Albany at my own risk and accordingly, hereby release USCRI Albany and its officers, directors, employees, agents, and its and their respective heirs, legal representatives, successors and assigns, from any and all claims and liability relating to my provision of volunteer services for USCRI Albany.

I understand that I am not considered an employee of USCRI Albany while performing work for the organization. I further understand that, as a volunteer, I am not covered by Workers' Compensation Insurance for medical coverage or loss of wages for any injury that may occur while I am acting as a volunteer. Nonetheless, I agree to report any injury, regardless of severity, to the director or volunteer coordinator.

Signature: _____ Date: _____

Office Policy Agreement

I understand that as a volunteer with USCRI Albany that I am to comply with USCRI Albany office policies, including: keeping in regular contact with the volunteer coordinator, submitting monthly time-sheets and assistance forms, and representing USCRI at all time in a professional and responsible manner.

Signature: _____ Date: _____

Criminal History

Have you ever pleaded guilty of or been convicted of a felony or misdemeanor? Yes No

If Yes, please explain:

Driving Clients

Please initial 1 option

_____ I will *not* be transporting clients in my vehicle

_____ I may transport clients in my vehicle, and agree to the following:

- I understand that volunteers transport clients at their own risk
- Before I transport any clients in my vehicle, I will provide USCRI Albany with a **photocopy of my Driver's License and Vehicle Insurance**.

USCRI and its representatives must ensure complete adherence to federal guidelines on **prohibiting proselytizing** of any kind in federal-funded programs. Volunteers may not condescend our clients to convert to any faith or religion. Please indicate your willingness to comply with this policy and your commitment to respecting the sensitivities of refugees who might hesitate to refuse offers to accompany volunteers to particular places of worship. I agree I disagree

Please indicate below your willingness to abide by USCRI policy on **clear identification of volunteers**.

I understand that if my volunteer application is accepted, and if I accept this volunteer position, I will be acting as a representative of USCRI and must therefore wear a name tag indicating my name and my affiliation with the agency for at least the first three months that I interact with any client. Yes No

I certify that the information on this application is correct to the best of my knowledge. I also am willing to submit to any pertinent background check deemed necessary by the USCRI Albany Field Office.

Signature

Date

Please return these four pages and the signature page of the Authorization for Background Checks to:

Jen Barkan, Resource Manager • jbarkan@uscri-albany.org • 518-459-1790 phone • 518-459-1876 fax
USCRI Albany • 991 Broadway, Suite 223 • Albany, NY 12204
www.RefugeesAlbany.org

U.S. COMMITTEE FOR REFUGEES AND IMMIGRANTS

BACKGROUND CHECK DISCLOSURE AND AUTHORIZATION FORM

In the interest of maintaining the safety and security of our customers, employees and property, the U.S. Committee for Refugees and Immigrants [USCRI] (the "Company") will order a "consumer report" (a background report) on you in connection with your volunteer application, and if you are accepted as a volunteer, or if you already volunteer for the Company, may order additional background reports on you for volunteer purposes.

The background check company, ADP Screening and Selection Services, will prepare the background report for the Company. ADP Screening and Selection Services is located at 301 Remington Street, Fort Collins, CO, 80524, and can be reached by phone at 800-367-5933 or at their Internet Web site address www.adpselect.com.

The types of information that may be ordered include Social Security number verification; criminal, public, educational and, as appropriate, driving records checks; verification of prior employment; reference, licensing and certification checks. (An "investigative consumer report" is a background report that includes information from such personal interviews, except in California where that term means any background report.) The nature and scope of the most common form of investigative consumer report is an investigation into your education and/or employment history conducted by ADP Screening and Selection Services or another outside organization.

USCRI will not conduct any credit checks. No personal interviews will be conducted.

The information may be obtained from private and public record sources.

You may request more information about the nature and scope of an investigative consumer report, if any, by telephoning the Company at 703-310-1154. A summary of your rights under the Fair Credit Reporting Act is also being provided to you with this form.

STATE SPECIFIC NOTICES

If you live or volunteer for the Company in the states listed below, please note the following:

CALIFORNIA: You may view the file that ADP Screening and Selection Services has for you, and order a copy of the file, upon submitting proper identification and paying copying costs, by coming to their offices, during normal business hours and on reasonable notice, or by mail. You may also ask for a file-summary by telephone. ADP Screening and Selection Services can answer questions about information in your file, including any coded information. If you come in person, another person can come with you, so long as that person can show proper identification.

MAINE: If you ask us, you have the right to know whether the Company ordered an investigative consumer report on you. You may request the name, address, and telephone number of the nearest office for ADP Screening and Selection Services. You will get this information within 5 business days of our receipt of your request. You have the right to ask ADP Screening and Selection Services for a free copy of the report.

MARYLAND: If the Company obtains credit history information on you, it will be used to evaluate whether you would present an unacceptable risk of theft or other dishonest behavior in the job for which you are being considered.

MASSACHUSETTS/NEW JERSEY: If you submit a request to us in writing, you have the right to know whether the Company ordered an investigative consumer report from ADP Screening and Selection Services. You may inspect and order a free copy of the report by contacting ADP Screening and Selection Services.

MINNESOTA: If you submit a request to us in writing, you have the right to get from the Company a complete and accurate disclosure of the nature and scope of the consumer report or investigative consumer report ordered, if any.

NEW YORK: If you submit a request to us in writing, you have the right to know whether the Company ordered a consumer report or an investigative consumer report from ADP Screening and Selection Services, and you will be provided with the name and address of ADP Screening and Selection Services. You may inspect and order a free copy of the reports by contacting ADP Screening and Selection Services. A copy of Article 23A of the New York Correction Law is being provided with this form.

OREGON: If the Company obtains credit history information on you, it will be used to evaluate whether you would present an unacceptable risk of theft or other dishonest behavior in the job for which you are being considered.

WASHINGTON STATE: If you submit a request to us in writing, you have the right to get from the Company a complete and accurate disclosure of the nature and scope of the investigative consumer report we ordered, if any. You also have the right to ask ADP Screening and Selection Services for a written summary of your rights under the Washington Fair Credit Reporting Act. If the Company obtains information bearing on your credit worthiness, credit standing or credit capacity, it will be used to evaluate whether you would present an unacceptable risk of theft or other dishonest behavior in the job for which you are being considered.

AUTHORIZATION FOR BACKGROUND CHECKS

After carefully reading this Background Check Disclosure and Authorization form, I authorize the Company to order my background report. I understand that the Company may rely on this authorization to order additional background reports, during my time as a volunteer without asking me for my authorization again as allowed by law.

I also authorize the following agencies and entities to disclose to ADP Screening and Selection Services and its agents all information about or concerning me, including but not limited to: my past or present employers; learning institutions, including colleges and universities; law enforcement and all other federal, state and local agencies; federal, state and local courts; the military; testing facilities; motor vehicle records agencies; all other private and public sector repositories of information; and any other person, organization, or agency with any information about or concerning me. The information that can be disclosed to ADP Screening and Selection Services and its agents includes, information concerning my employment history, education, motor vehicle history, criminal history, military service, professional credentials and licenses and substance abuse testing.

I agree the Company may rely on this authorization to order background reports, from companies other than ADP Screening and Selection Services without asking me for my authorization again as allowed by law. I also agree that a copy of this form is valid like the signed original. I certify that all of my personal information on this form is *true and correct* and understand that dishonesty will disqualify me from consideration as a volunteer with the Company, or if I am hired or already volunteer for the Company, that my service as a volunteer may be terminated.

Last Name _____ First Name _____ Middle Name _____

Maiden/Other Names _____ Years Used _____

Social Security Number _____

Driver's License Number _____ State _____

FOR IDENTIFICATION PURPOSES ONLY: Date of Birth ____/____/____ (Month/Day/Year)

Addresses Within The Past Seven Years (use a separate sheet as needed)

Present Street Address _____

City/State/ZIP _____

Prior Street Address _____

City/State/ZIP _____

From ____/____/____ (Month/Day/Year) To ____/____/____ (Month/Day/Year)

<hr style="border: none; border-top: 1px solid black; margin-bottom: 5px;"/> Signature	<hr style="border: none; border-top: 1px solid black; margin-bottom: 5px;"/> Date: ____/____/____ (Month/Day/Year)
<p>If you live or volunteer for the Company in California, Minnesota or Oklahoma: Check this box if you would like a free copy of your background check report: <input type="checkbox"/></p>	

Para informacion en espanol, visite www.ftc.gov/credit o escribe a la FTC Consumer Response Center, Room 130-A 600 Pennsylvania Ave. N.W., Washington, D.C. 20580.

A Summary of Your Rights Under the Fair Credit Reporting Act

The federal Fair Credit Reporting Act (FCRA) promotes the accuracy, fairness, and privacy of information in the files of consumer reporting agencies. There are many types of consumer reporting agencies, including credit bureaus and specialty agencies (such as agencies that sell information about check writing histories, medical records, and rental history records). Here is a summary of your major rights under the FCRA. **For more information, including information about additional rights, go to www.ftc.gov/credit or write to: Consumer Response Center, Room 130-A, Federal Trade Commission, 600 Pennsylvania Ave. N.W., Washington, D.C. 20580.**

- **You must be told if information in your file has been used against you.** Anyone who uses a credit report or another type of consumer report to deny your application for credit, insurance, or employment – or to take another adverse action against you – must tell you, and must give you the name, address, and phone number of the agency that provided the information.
- **You have the right to know what is in your file.** You may request and obtain all the information about you in the files of a consumer reporting agency (your "file disclosure"). You will be required to provide proper identification, which may include your Social Security number. In many cases, the disclosure will be free. You are entitled to a free file disclosure if:
 - a person has taken adverse action against you because of information in your credit report;
 - you are the victim of identity theft and place a fraud alert in your file;
 - your file contains inaccurate information as a result of fraud;
 - you are on public assistance;
 - you are unemployed but expect to apply for employment within 60 days.

In addition, by September 2005 all consumers will be entitled to one free disclosure every 12 months upon request from each nationwide credit bureau and from nationwide specialty consumer reporting agencies. See www.ftc.gov/credit for additional information.

- **You have the right to ask for a credit score.** Credit scores are numerical summaries of your credit-worthiness based on information from credit bureaus. You may request a credit score from consumer reporting agencies that create scores or distribute scores used in residential real property loans, but you will have to pay for it. In some mortgage transactions, you will receive credit score information for free from the mortgage lender.

- **You have the right to dispute incomplete or inaccurate information.** If you identify information in your file that is incomplete or inaccurate, and report it to the consumer reporting agency, the agency must investigate unless your dispute is frivolous. See www.ftc.gov/credit for an explanation of dispute procedures.
- **Consumer reporting agencies must correct or delete inaccurate, incomplete, or unverifiable information.** Inaccurate, incomplete or unverifiable information must be removed or corrected, usually within 30 days. However, a consumer reporting agency may continue to report information it has verified as accurate.
- **Consumer reporting agencies may not report outdated negative information.** In most cases, a consumer reporting agency may not report negative information that is more than seven years old, or bankruptcies that are more than 10 years old.
- **Access to your file is limited.** A consumer reporting agency may provide information about you only to people with a valid need -- usually to consider an application with a creditor, insurer, employer, landlord, or other business. The FCRA specifies those with a valid need for access.
- **You must give your consent for reports to be provided to employers.** A consumer reporting agency may not give out information about you to your employer, or a potential employer, without your written consent given to the employer. Written consent generally is not required in the trucking industry. For more information, go to www.ftc.gov/credit.
- **You may limit "prescreened" offers of credit and insurance you get based on information in your credit report.** Unsolicited "prescreened" offers for credit and insurance must include a toll-free phone number you can call if you choose to remove your name and address from the lists these offers are based on. You may opt-out with the nationwide credit bureaus at 1-888-5-OPTOUT (1-888-567-8688).
- **You may seek damages from violators.** If a consumer reporting agency, or, in some cases, a user of consumer reports or a furnisher of information to a consumer reporting agency violates the FCRA, you may be able to sue in state or federal court.
- **Identity theft victims and active duty military personnel have additional rights.** For more information, visit www.ftc.gov/credit.

States may enforce the FCRA, and many states have their own consumer reporting laws. In some cases, you may have more rights under state law. For more information, contact your state or local consumer protection agency or your state Attorney General. Federal enforcers are:

TYPE OF BUSINESS:	CONTACT:
Consumer reporting agencies, creditors and others not listed below	Federal Trade Commission: Consumer Response Center - FCRA Washington, DC 20580 1-877-382-4357
National banks, federal branches/agencies of foreign banks (word "National" or initials "N.A." appear in or after bank's name)	Office of the Comptroller of the Currency Compliance Management, Mail Stop 6-6 Washington, DC 20219 800-613-6743
Federal Reserve System member banks (except national banks, and federal branches/agencies of foreign banks)	Federal Reserve Consumer Help (FRCH) P O Box 1200, Minneapolis, MN 55480 Telephone: 888-851-1920 Website Address: www.federalreserveconsumerhelp.gov Email Address: ConsumerHelp@FederalReserve.gov
Savings associations and federally chartered savings banks (word "Federal" or initials "F.S.B." appear in federal institution's name)	Office of Thrift Supervision Consumer Complaints Washington, DC 20552 800-842-6929
Federal credit unions (words "Federal Credit Union" appear in institution's name)	National Credit Union Administration 1775 Duke Street Alexandria, VA 22314 703-519-4600
State-chartered banks that are not members of the Federal Reserve System	Federal Deposit Insurance Corporation Consumer Response Center, 2345 Grand Avenue, Suite 100 Kansas City, Missouri 64108-2638 1-877-275-3342
Air, surface, or rail common carriers regulated by former Civil Aeronautics Board or Interstate Commerce Commission	Department of Transportation, Office of Financial Management Washington, DC 20590 202-366-1306
Activities subject to the Packers and Stockyards Act, 1921	Department of Agriculture Office of Deputy Administrator - GIPSA Washington, DC 20250 202-720-7051

NEW YORK CORRECTION LAW
ARTICLE 23-A
LICENSURE AND EMPLOYMENT OF PERSONS PREVIOUSLY
CONVICTED OF ONE OR MORE CRIMINAL OFFENSES

Section 750. Definitions.

751. Applicability.

752. Unfair discrimination against persons previously convicted of one or more criminal offenses prohibited.

753. Factors to be considered concerning a previous criminal conviction; presumption.

754. Written statement upon denial of license or employment.

755. Enforcement.

§750. Definitions. For the purposes of this article, the following terms shall have the following meanings:

- (1) "Public agency" means the state or any local subdivision thereof, or any state or local department, agency, board or commission.
- (2) "Private employer" means any person, company, corporation, labor organization or association which employs ten or more persons.
- (3) "Direct relationship" means that the nature of criminal conduct for which the person was convicted has a direct bearing on his fitness or ability to perform one or more of the duties or responsibilities necessarily related to the license, opportunity, or job in question.
- (4) "License" means any certificate, license, permit or grant of permission required by the laws of this state, its political subdivisions or instrumentalities as a condition for the lawful practice of any occupation, employment, trade, vocation, business, or profession. Provided, however, that "license" shall not, for the purposes of this article, include any license or permit to own, possess, carry, or fire any explosive, pistol, handgun, rifle, shotgun, or other firearm.
- (5) "Employment" means any occupation, vocation or employment, or any form of vocational or educational training. Provided, however, that "employment" shall not, for the purposes of this article, include membership in any law enforcement agency.

§751. Applicability. The provisions of this article shall apply to any application by any person for a license or employment at any public or private employer, who has previously been convicted of one or more criminal offenses in this state or in any other jurisdiction, and to any license or employment held by any person whose conviction of one or more criminal offenses in this state or in any other jurisdiction preceded such employment or granting of a license, except where a mandatory forfeiture, disability or bar to employment is imposed by law, and has not been removed by an executive pardon, certificate of relief from disabilities or certificate of good conduct. Nothing in this article shall be construed to affect any right an employer may have with respect to an intentional misrepresentation in connection with an application for employment made by a prospective employee or previously made by a current employee.

§752. Unfair discrimination against persons previously convicted of one or more criminal offenses prohibited. No application for any license or employment, and no employment or license held by an individual, to which the provisions of this article are applicable, shall be denied or acted upon adversely by reason of the individual's having been previously convicted of one or more criminal offenses, or by reason of a finding of lack of "good moral character" when such finding is based upon the fact that the individual has previously been convicted of one or more criminal offenses, unless:

- (1) There is a direct relationship between one or more of the previous criminal offenses and the specific license or employment sought or held by the individual; or
- (2) the issuance or continuation of the license or the granting or continuation of the employment would involve an unreasonable risk to property or to the safety or welfare of specific individuals or the general public.

§753. Factors to be considered concerning a previous criminal conviction; presumption.

1. In making a determination pursuant to section seven hundred fifty-two of this chapter, the public agency or private employer shall consider the following factors:

- (a) The public policy of this state, as expressed in this act, to encourage the licensure and employment of persons previously convicted of one or more criminal offenses.
- (b) The specific duties and responsibilities necessarily related to the license or employment sought or held by the person.
- (c) The bearing, if any, the criminal offense or offenses for which the person was previously convicted will have on his fitness or ability to perform one or more such duties or responsibilities.
- (d) The time which has elapsed since the occurrence of the criminal offense or offenses.
- (e) The age of the person at the time of occurrence of the criminal offense or offenses.
- (f) The seriousness of the offense or offenses.
- (g) Any information produced by the person, or produced on his behalf, in regard to his rehabilitation and good conduct.
- (h) The legitimate interest of the public agency or private employer in protecting property, and the safety and welfare of specific individuals or the general public.

2. In making a determination pursuant to section seven hundred fifty-two of this chapter, the public agency or private employer shall also give consideration to a certificate of relief from disabilities or a certificate of good conduct issued to the applicant, which certificate shall create a presumption of rehabilitation in regard to the offense or offenses specified therein.

§754. Written statement upon denial of license or employment. At the request of any person previously convicted of one or more criminal offenses who has been denied a license or employment, a public agency or private employer shall provide, within thirty days of a request, a written statement setting forth the reasons for such denial.

§755. Enforcement.

1. In relation to actions by public agencies, the provisions of this article shall be enforceable by a proceeding brought pursuant to article seventy-eight of the civil practice law and rules.
2. In relation to actions by private employers, the provisions of this article shall be enforceable by the division of human rights pursuant to the powers and procedures set forth in article fifteen of the executive law, and, concurrently, by the New York city commission on human rights.