



WAYNE COUNTY ACTION PROGRAM, INC.

51 BROAD STREET, LYONS, NY, 14489

315-333-4155

FAX: 315-871-4017

WWW.WAYNECAP.ORG

VOLUNTEER APPLICATION

Wayne County Action Program’s mission is to coordinate resources to empower and inspire people in need to reach their full potential. Wayne CAP is committed to the idea that involving volunteers in its operations will assist in carrying out this mission for the community. Therefore, we believe that:

Volunteers allow the agency to provide enhanced services to the community.

Volunteers provide a vital link between the agency and the community both by informing the community about the services the agency has to offer and by bringing valuable community input to the agency planning process.

A thoughtfully planned and well managed volunteer program can bring a wealth of benefits to the agency, its staff, the community and the volunteers.

A successful volunteer program requires that staff and volunteers work as a team to implement the mission and goals of the agency. Volunteers complement, but do not replace library staff.

● Applicant name: _____ Date: _____

● Address: (Street) _____ (City/State) _____ (Zip) _____

● Telephone #: _____ cell or alternate #: _____

● Type of work desired: _____

● Date you will be available to begin your volunteer service: _____

● Have you ever been previously employed by our organization? Yes No

If yes, Date: _____ Location: _____ Supervisor: _____

● Have you applied for another position within the Agency? Please list position and program applied for and date applied. _____

● How were you referred to us? _____

● Specialized education or experience related to the position? (w/expiration dates if applicable)

I hereby authorize Wayne CAP to contact, obtain, and verify the accuracy of information contained in this application from all previous employers, educational institutions, and references. I also hereby release from liability Wayne CAP and its representatives for seeking, gathering, and using such information to make employment decisions and all other persons or organizations for providing such information.

Further, I hereby authorize Wayne CAP to use any information provided herein, to perform a criminal background check for the purposes of complying with federal and local requirements; and as a condition of my potential service.

I understand that it is the policy of this organization not to refuse or otherwise discriminate against a qualified individual with a disability because of that persons need for a reasonable accommodation as required by the ADA.

I represent and warrant that I have read and fully understand the foregoing, and that I seek to volunteer under these conditions.

Applicant signature: _____ **Date:** _____

Wayne County Action Program, Inc.

Helping people...Changing lives.

Personal Reference Form

Applicants Name: _____

Reference Information:

Name: _____ Phone/E-Mail: _____

Address: _____ Profession: _____

How long have you known the above named applicant? _____

What are some words you would use to *Describe* his/her character? _____

How does he/she *Interact* with *Children/families in need* (include specific examples)? _____

How do *Children/individuals in need* *React* to him/her? _____

Would you *Trust* him/her to care for *your own Children/family members in need of guidance*? _____

What qualifications does the applicant possess to be a _____/Childcare/Human Services Staff Member?

Other comments? _____

I hereby declare that the information above is true and correct to the best of my knowledge and belief. I consent to submit this form as my reference for _____. I understand that a member of staff will contact me to verify that I, _____ (print), willfully completed this form.

Signature: _____ Date: _____

For office use only:

I, _____ (staff name *printed*), confirmed in-person / via phone on _____ (date), that the above form was completed under free will by _____ (reference name).

Staff Signature: _____ Date: _____

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Signature: _____ Date: _____

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For office use only:

I, _____ (staff name *printed*), confirmed in-person / via phone on _____ (date), that the above form was completed under free will by _____ (reference name)

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Professional Reference Form

Applicants Name: _____

Reference Information:

Name: _____ Phone Number: _____

Address: _____ Company speaking for: _____

_____ Profession: _____

How long have you known the above named applicant? _____

Can you please verify his/her dates of employment with the above company? _____ - _____

What position did the applicant hold and what duties were included for the specific job? _____

Please rate the following:

Quality of Work: _____ Excellent _____ Good _____ Fair _____ Poor

Quantity of Work: _____ Excellent _____ Good _____ Fair _____ Poor

Attendance: _____ Excellent _____ Good _____ Fair _____ Poor

Initiative: _____ Excellent _____ Good _____ Fair _____ Poor

Cooperation: _____ Excellent _____ Good _____ Fair _____ Poor

Is this individual re-hirable? _____ Reason for separation from employment? _____

Other comments: _____

I hereby declare that the information above is true and correct to the best of my knowledge and belief. I consent to submit this form as my reference for _____. I understand that a member of staff will contact me to verify that I, (please print) _____, willfully completed this form.

Signature: _____

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