



Children and Family Services of New York

**VOLUNTEER APPLICATION**

Office Use Only

Clearance Sent: _____
Location: _____
Interviewed: _____
Cleared: _____
Mentee Name: _____
Placement: _____
Volunteer Only: _____

**Please return application to:**

Jasmine White  
Little Flower Children and Family Services  
186 Joralemon Street, 2<sup>nd</sup> Floor  
Brooklyn, NY 11201  
718-875-3500 x5640  
**e-mail:** [whitej@lfchild.org](mailto:whitej@lfchild.org)

**PERSONAL INFORMATION**

Name: Mr. Mrs. Miss \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Maiden Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Phone Numbers: Home \_\_\_\_\_

Mobile \_\_\_\_\_

Work \_\_\_\_\_

E-Mail \_\_\_\_\_

Please list all people living with you:

**Name**

**Date of Birth**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Do you have a valid NYS Driver's License? YES  NO

Driver's License #: \_\_\_\_\_

Have you ever been convicted of, plead guilty to, or admitted guilt of a crime? YES  NO

If yes, please describe the circumstances and disposition in full on a separate piece of paper and attach. The existence of a criminal record will not automatically disqualify you as a volunteer, but will be considered as part of an overall evaluation of your qualifications.

Years of High School Completed \_\_\_\_\_ Years of College Completed \_\_\_\_\_

High School Attended \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

College Attended \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

Please give name and address of two references: (**other than family members**)

Name: \_\_\_\_\_ Telephone No. \_\_\_\_\_

Address: \_\_\_\_\_

Name: \_\_\_\_\_ Telephone No. \_\_\_\_\_

Address: \_\_\_\_\_

Marital Status (Circle One): Single Married Divorced Widowed

**General Background**

Religion: \_\_\_\_\_ Church or Synagogue \_\_\_\_\_

List any organizations or groups you belong to.

\_\_\_\_\_  
\_\_\_\_\_

Please list your hobbies and interests:

\_\_\_\_\_  
\_\_\_\_\_

Have you ever been a volunteer? **Yes**  **No**

Where \_\_\_\_\_

When \_\_\_\_\_ How Long \_\_\_\_\_

How did you hear about our program? \_\_\_\_\_

List the name of any person associated with Little Flower whom you know.

\_\_\_\_\_

**For Mentors:**

Can you commit yourself to the program for at least one year and spend an average of 3-4 hours twice a month with the child to whom you are assigned? **Yes**  **No**

Our children are between 8 and 18 years of age. We have more boys than girls and most are minority children. Do you have a preference as to: Age \_\_\_\_\_ Sex \_\_\_\_\_

**For College Mentors:**

Can you commit yourself to the program for four years and spend an average of 3-4 hours a month interacting with the college youth to whom you are assigned? **Yes**  **No**

**For all Volunteers:**

Please indicate your areas of volunteer interest (check all that apply – grey shaded area means there is no opportunity at that location.): School Mentor must contact Superintendent at 631-929-4300

	<b>Wading River</b>	<b>Brooklyn</b>	<b>Queens</b>	<b>Hauppauge</b>
Recreation				
RTC Youth Resident Mentor				
Adult Resident Mentor				
Respite Days				
College Mentor				
Events				
Information booth				
Clerical Support				
Other				

I am available:

	<b>Monday</b>	<b>Tuesday</b>	<b>Wednesday</b>	<b>Thursday</b>	<b>Friday</b>	<b>Saturday</b>	<b>Sunday</b>
Anytime							
Morning							
Afternoon							
Evening (after 5:00)							
Evening (after 6:00)							

**EMPLOYMENT INFORMATION**

Current Employer (company name and address):

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Position or Title: \_\_\_\_\_ Work Phone \_\_\_\_\_

May you be called at work? Yes  No

Does your employer have a:

	Yes	No	Not sure
Volunteer Matching Program			
Employee Volunteer Program			
Dollar Matching Gift Program			
Corporate Giving Program			
Workplace Giving Program			
Corporate Charity Day			

**PLEASE READ AND SIGN:**

**THE ASSESSMENT INTERVIEW, SCHEDULED AFTER THE AGENCY RECEIVES THIS APPLICATION, IS DESIGNED TO ESTABLISH YOUR PROFILE AND INTERESTS. THIS PROFILE WILL BE USED BY THE AGENCY TO DETERMINE YOUR SUITABILITY FOR SERVICE, AND IF YOU ARE ACCEPTED, TO BEST MATCH YOU WITH A VOLUNTEER PLACEMENT.**

**IF YOU ARE APPLYING TO BECOME A MENTORING VOLUNTEER, BEFORE A MATCH IS MADE, INFORMATION ABOUT THE APPLICANT AND THE RESIDENT, WHICH IS CONSIDERED RELEVANT TO THE PROSPECTIVE MATCH, WILL BE SHARED. THIS INFORMATION MIGHT INCLUDE PAST OR PRESENT FACTORS IN THE HEALTH, PERSONALITY AND BEHAVIOR OF THE PARTIES INVOLVED. ANY PARTY HAS THE RIGHT TO REFUSE TO ENTER INTO THE MATCH BASED UPON THIS INFORMATION. EXCEPT FOR THE ABOVE CIRCUMSTANCES, ALL ELEMENTS OF YOUR PROFILE WILL BE KEPT IN THE STRICTEST CONFIDENCE.**

**BY SIGNING BELOW, I UNDERSTAND AND AGREE THAT:**

- (1) THIS APPLICATION DOES NOT OBLIGATE ME TO BECOME A VOLUNTEER;**
- (2) THE AGENCY IS NOT OBLIGATED TO ASSIGN OR ACTIVELY SEEK TO ASSIGN A VOLUNTEER PLACEMENT FOR ME; AND**
- (3) AS PART OF THE AGENCY'S APPLICATION PROCESS, ADDITIONAL PERSONAL INFORMATION MAY BE REQUIRED.**

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)

**I certify that all statements contained in this Volunteer Application and other related documents are true and I understand that any falsification or willful omission shall be considered sufficient cause to deny volunteer placement.**

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)

# REQUEST FOR DRIVER'S LICENSE INFORMATION

**PLEASE PRINT**

LAST NAME: \_\_\_\_\_ FIRST \_\_\_\_\_ M.I. \_\_\_\_\_

STREET ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

MOTORIST IDENTIFICATION NUMBER FROM DRIVER'S LICENSE:

\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_|

LICENSE EXPIRATION DATE: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

Since receiving your driver's license, **have you ever** had any of the following:

*Suspensions?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
*Revocations?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
*Driving Convictions?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Have you **ever** had any driving convictions specifically related to DUI, DWAI, DWI or OUI?  
Yes  No

Has your license **ever** been suspended for insurance lapse? Yes  No

Have you **ever** had an accident or any occurrence involving harm to persons or property while driving?  
Yes  No

If you answered yes to **any** of the above questions, please include complete details about each occurrence including dates. For instance, if you had 3 suspensions of your license, include each instance not just the most recent. Explain your answer completely.

**Have you had any moving violations?** Moving violations can include tickets for speeding, not wearing a seat belt, using a cell phone or **any other tickets received while driving.**  
Yes  No

If you answered yes to the above question, please explain on back.

I authorize Little Flower Children and Family Services to obtain an abstract of my driving record **on an annual basis.** I understand that serious infractions may be considered sufficient cause for dismissal, depending on the extent to which I am required to drive in the course of Agency business. **Failure to disclose violations or other problems in your driving history can result in disqualification during the application process.**

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

NEW YORK STATE  
OFFICE OF CHILDREN AND FAMILY SERVICES  
**STATEWIDE CENTRAL REGISTER DATABASE CHECK**  
*Agency Use Only*

<b>SCR USE ONLY</b>
REQUEST ID

**ALL INFORMATION MUST BE COMPLETE. PLEASE PRINT OR TYPE**

AGENCY CODE: <b>508</b>	RESOURCE I.D. (RID): <b>1708</b>	CHILD CARE FACILITY SYSTEM (CCFS) NUMBER: <b>7</b>	CATEGORY USE ALPHA CODE:	PHONE NUMBER (Area Code): <b>(631) 929 6200</b>
<b>PRINT BELOW THE ADDRESS ASSOCIATED WITH YOUR RID/CCFS NUMBER:</b>			The particular classifications of persons who must or may be screened are set forth on the reverse side of this document. The alpha codes to complete the "Category" box above are also on the reverse side of this form.  <b><u>FOR ALL CATEGORIES:</u></b> Complete the following for yourself, your spouse, your children and any other person(s) in your home at the present time. <b>MAKE SURE YOU COMPLETE ALL MAIDEN NAME/ALIAS SECTIONS THAT APPLY. IF NONE, STATE "NONE" List RELATIONSHIP in the fields below</b>  <i>(see reverse side for instructions) Attach additional page if necessary.</i>	
<b>AGENCY NAME:</b>	<b>Little Flower Children &amp; Family Services of New York</b>			
<b>AGENCY LIAISON:</b>	<b>Sharon Condon</b>			
<b>STREET ADDRESS:</b>	<b>2450 N. Wading River Road</b>			
<b>WADING RIVER, NY 11792-1402</b>				
<b>CITY:</b>	<b>STATE:</b>	<b>ZIP CODE:</b>		

The purpose of collecting the demographic data on *other persons in your household* who are not screened pursuant to Section 424-a of the Social Services Law is to enable the N.Y.S. Office of Children and Family Services to identify with the greatest degree of certainty whether the person(s) being screened is the subject of an indicated child abuse or maltreatment report. The utilization of this information in a discriminatory manner is contrary to the Human Rights Law.

**APPLICANT/HOUSEHOLD MEMBER AREA      \*PLEASE TYPE OR PRINT CLEARLY**

RELATIONSHIP TO APPLICANT	LAST NAME	FIRST NAME	SEX M/F	DATE OF BIRTH
APPLICANT				
MAIDEN/ALIAS				

Please provide your current address and any other addresses at which you have resided for the last 28 years, including street, city and state. For Adoption, Foster Care, Family and Group Family Day Care, also include the same address history for household members 18 of age and older.

CURRENT STREET ADDRESS	APT #	CITY	STATE	ZIP	FROM	TO
PREVIOUS STREET ADDRESS	APT #	CITY	STATE	ZIP	FROM	TO
PREVIOUS STREET ADDRESS	APT #	CITY	STATE	ZIP	FROM	TO
PREVIOUS STREET ADDRESS	APT #	CITY	STATE	ZIP	FROM	TO
PREVIOUS STREET ADDRESS	APT #	CITY	STATE	ZIP	FROM	TO

I affirm that all the information provided on this form is true to the best of my knowledge. I understand that if I knowingly give false statements, such action could be grounds for denial or dismissal from employment or denial or revocation of a license, certificate, permit, registration or approval.

APPLICANT'S SIGNATURE	DATE	APPLICANT'S SIGNATURE	DATE
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**EIGHTEEN YEARS OLD OR OVER:**

I understand that as a person eighteen years of age or over in a home of an applicant to become an Adoptive or a Foster Parent or a Family or Group Family Day Care provider, the information I have provided will be used to inquire of the Statewide Central Register to determine if I am the subject of an indicated report of child abuse or maltreatment.

SIGNATURE	DATE	SIGNATURE	DATE
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**Instructions for Completing the Statewide Central Register Database Check Form****LDSS-3370**

- ALL information on the form must be easily read so that data entry and results are accurate. Each SCR Database Check submitted should be reviewed for completeness and legibility by the program/agency liaison. If the form is incomplete or illegible, it will be returned to the agency for corrections.

**THE PROPER WAY TO COMPLETE THE FORM:****AGENCY INFORMATION****TOP LINE OF FORM:**

- The three-digit agency code must be placed in the top left-hand box, followed by the Resource I.D. (RID) in the next box to the right. (Contact the licensing agency if there are any questions about these.)
- Daycare providers must place their Child Care Facility System (CCFS) Number in the box next to Resource ID (RID), in lieu of Resource ID number. (Contact your licensing agency/Regional Office if you have any questions).
- Clearance Category letter code (see back of Form LDSS-3370) must be placed in the middle box.
- Phone number (with area code) enables the SCR to contact the agency liaison if this becomes necessary.
- The Request ID Box is for SCR use only.

**AGENCY ADDRESS AREA:**

- Agency Name: Please use full name, no abbreviations
- Agency Liaison is the contact person at the inquiring agency. (The SCR response will be addressed to the liaison.) The liaison cannot be the applicant or a relative of the applicant.
- Agency Address: Must include street, city

**APPLICANT INFORMATION****APPLICANT/HOUSEHOLD MEMBER AREA:****- ALL HOUSEHOLD MEMBERS, ADULTS AND CHILDREN, WHETHER RELATED TO THE APPLICANT OR NOT, ARE TO BE LISTED IN THIS AREA OF THE FORM.**

- Remember to write clearly or type all information in order to assist in obtaining an accurate response. Record all names with the last name first, then the first name, and middle name.
- First line: Applicant's name. If there is more than one applicant place the additional name(s) on the lines below the maiden name line.
- Second line: Any maiden names, previous married names, or aliases by which the applicant is or has been known. Use additional lines if there is more than one maiden/married/alias name to be listed.
- Remaining lines: Names of all other household members. (Attach an additional page if needed.)

If there are no other household members, indicate NONE on the line below "Maiden/Alias".

- First column: indicate the relationship to the applicant of each person listed. (Spouse, son, daughter, mother, father, friend, etc.)
- Sex M/F column: fill in either M (Male) or F (Female) for every person listed.
- Date of Birth column: fill in complete date of birth (mm/dd/yy) for everyone listed on the form.

**ADDRESS AREA:**

The information required varies depending on the particular category:

- For Adoption, Foster Care and Family and Group Family Day Care (see back of form for categories), provide addresses for the applicant and any household member who is 18 and older. We need this information for the last 28 years. Attach supplemental pages if necessary, but do not use another LDSS-3370 form to list this additional information. Be sure to associate address histories with particular individuals (i.e., indicate which addresses are for which household members).
- For all other categories, only the applicant's address history is required – for the last 28 years.
- Complete addresses are required. Include street name and city/town/village. Also include street number and apartment number. **Post Office Box numbers are not acceptable.** If the applicant has lived abroad, indicate country and dates of residence. If the applicant has spent time in the military, list base names and locations along with dates. **Be sure that there are no periods of time unaccounted for.**
- The top line is for the current address. The previous address should be listed on the second line downward, and so on to the back of the form for the last 28 years. Staple the attached supplemental page to the form if more space is needed, but do not use another copy of the LDSS-3370 for this additional information.

**SIGNATURE AREA:**

Signatures required depend upon the particular category:

- For Adoption, Foster Care and Family and Group Family Day Care (see back of form for category), signatures are needed from the applicant and any household member who is 18 or older.
- For all other categories, only the applicant's signature is required.
- All signatures must correspond to the names recorded in the Applicant/Household Member Area for example; Mary Smith should not sign Mary Ann Smith. Victoria Smith should not sign Vicki.
- Applicants must sign in the boxes marked "Applicant's Signature", household members over 18 who are not applicants must sign in the boxes at the extreme bottom of the page marked "Signature".
- All signatures must be dated (mm/dd/yy). The SCR will not accept a form with a signature date more than 6 months old.

If you have questions regarding proper completion of this form, please call the SCR at 518-474-5297.

**MAIL YOUR COMPLETED LDSS-3370 FORM TO:**

STATEWIDE CENTRAL REGISTER  
P.O. BOX 4480  
ALBANY, N.Y. 12204-0480

**TO ORDER A SUPPLY OF LDSS-3370 FORMS:**

Please access the (OCFS-4627) Request for Forms and Publications, from the Intranet: <http://ocfs.state.nyenet/admin/forms/SCR/> Internet: <http://www.ocfs.state.ny.us/main/forms/ccfs/> and mail the completed OCFS-4627 Request for Forms and Publications, to: THE OFFICE OF CHILDREN AND FAMILY SERVICES, RESOURCE DISTRIBUTION CENTER, 11 FOURTH AVE, RENSSELAER, NY 12144.



## AGENCY LIAISON INSTRUCTIONS

Please verify that each form is completed. Incomplete forms will be returned to the sender. For ADOPTION, FOSTER CARE, and FAMILY and GROUP FAMILY DAY CARE, if both spouses are applicants, both are to sign. Persons eighteen years old and over residing in the home of applicants for ADOPTION, FOSTER CARE and FAMILY AND GROUP FAMILY DAY CARE also must sign the form.

### AGENCY CODE

Record your 3-digit agency code. **NOTE:** Day Care, Family and Group Family Day Care and Camps must provide the agency code of the agency or office which issues your license or certificate. Verify your Alpha or Alpha/Numeric 3 digit code with your licensing agency.

### DAYCARE PROVIDERS

Must place their Child Care Facility System (CCFS) Number in the box next to Resource ID (RID), in lieu of Resource ID (RID) number. (Contact your licensing agency/Regional Office if you have any questions).

### RESOURCE I.D. (RID)

Record your RESOURCE I.D. (RID) in this field. OCFS, OMH, OMRDD, DOH, OASAS and SED licensed agencies and programs, and Local Departments of Social Services, have RID'S as of 9/01. Verify your RID with your licensing agency. If you need assistance, email: [ocfs.sm.conn\\_app@ocfs.state.ny.us](mailto:ocfs.sm.conn_app@ocfs.state.ny.us)

### CLEARANCE CATEGORIES

Record the appropriate category.

- F - Prospective/new employee other than day care employees. (fee required - see below)\*
- D - Prospective employee (Local DSS district - bill against reimbursement)\*\*
- Y - Prospective Day Care employee
- Y - Provider of goods/services
- Y - Applying to be a group family day care assistant.
- Q - Applying to be group family day care provider.
- Z - Prospective volunteer/consultant.
- X - Applying to be adoptive parents pursuant to an application pending before the inquiring agency.
- W - Applying to be foster parents or family care home providers.
- R - Applying to be kinship foster parents.
- P - Applying to be family day care provider.
- N - Applying for a license to operate a day care center. (To be submitted by authorized licensing agency only.)
- M - Director of a summer camp, overnight camp, day camp or traveling day camp.
- E - Current employee.

### AGENCY LIAISON

Record the name of the person to whom the response should be sent (cannot be the same as applicant or related to the applicant).

**APPLICANT/HOUSEHOLD MEMBER AREA INSTRUCTIONS-** This information is to be provided by the applicant/employee/provider. See front of form.

APPLICANT (S) (at least one person must be so designated)-USE FIRST LINE

MAIDEN NAME/ALTERNATIVE/AKA: must be completed for every applicant. Record ALL previous names used. Start with second line. Use as many lines as needed (One last name per line)

OTHER HOUSEHOLD MEMBERS: describe relationship to applicant, e.g., son, daughter, father, mother, friend, etc. on remaining lines (ATTACH ADDITIONAL PAGE IF NECESSARY)

IF NO OTHER HOUSEHOLD MEMBERS, record NONE on line below MAIDEN/ALIAS.

\*Social Service Law 424-a requires the collection of fees for certain categories. A certified check, postal or bank money order, teller's check, cashier's check or agency check made payable to "New York State Office of Children and Family Services" in the amount of five dollars, is to accompany the form. The check also is to include the applicant's name and the agency code.

N.B.: a separate check must accompany each form.

\*\*Social Service Law 424-a, allows local DSS to bill against their reimbursement the charge collected for screening prospective employees.

If you have questions regarding proper completion of this form, please call the SCR at 518-474-5287.

### MAIL YOUR COMPLETED LDSS-3370 FORM TO:

STATEWIDE CENTRAL REGISTER  
P.O. BOX 4480, Attention: Service Center Unit  
ALBANY, N.Y. 12204-0480

### TO ORDER A SUPPLY OF LDSS-3370 FORMS:

Please access the (OCFS-4627) Request for Forms and Publications, from the Intranet: <http://ocfs.state.ny.net/admin/forms/SCR/> Internet: <http://www.ocfs.state.ny.us/main/forms/cps/> and mail the completed OCFS-4627 Request for Forms and Publications, to:

THE OFFICE OF CHILDREN AND FAMILY SERVICES, RESOURCE DISTRIBUTION CENTER, 11 FOURTH AVE, RENSSELAER, NY 12144. If you have difficulty accessing a form on either site, you can call the automated forms hotline at 516-473-0971.

