

Aunt Mary's House

Volunteer Application Checklist

*Depending on the nature of the volunteer category selected, portions of this application may be omitted. Aunt Mary's House Executive Director or Designee will make that determination.

The following is a list of documents that must be submitted to process your application if direct involvement with guests is going to occur:

- Completed Volunteer Application*
- Signed Policy and Procedure Manual (initials on each page - this happens at orientation)
- Release of Information Form*
- Copy of Current Driver's License & Insurance Card (if there is a possibility of transporting guests)
- Completed Authorization for Information Form for the New York State Statewide Central Register of Child Abuse and Maltreatment (SCR) – **needs to be notarized**; we require original form.*
- Completed Commercial Investigations background check (applicant will receive an email to process this portion)
 - **If you are currently employed or volunteering in a role that requires a background check, please provide a copy as this step may not need to be completed.**

*These items are included in this application packet.

In-person orientation with an AMH designee is **required**.

There will be multiple opportunities to attend this orientation.

If you have any questions or concerns about the above documentation, please contact: 607.238.3392 or executivedirector@auntmaryshouse.net

Overview for Prospective Volunteers

Aunt Mary's House grew out of an awareness that our community had an increasing number of homeless people and Improve Norwich Now wanted to find a way to help with that. They decided to focus on pregnant women and babies. They felt that our program would be able to give these women and babies the support they needed to thrive.

AMH will meet the basic needs and alleviate the burden of crisis on a mother and her child by providing them with shelter, nutritious food, independent living skill-building, case management, employment and educational services and access to medical care, all in a safe environment. AMH will provide the foundation necessary for mothers and children to move from crisis to stability. By helping mothers meet their basic needs, AMH will allow these mothers to shift their focus from merely surviving to thriving. During their time at AMH mothers will be encouraged to focus on developing the skills necessary to live independently and be self-sufficient.

Our mission and goal

The vision of AMH is to provide emergency and transitional shelter to pregnant and parenting mothers ages 18+ that are in a crisis situation. Mothers will be able to live in the home from pregnancy until their child is 18 months old.

The mission of Aunt Mary's House (AMH) is to provide a safe haven for pregnant and parenting mothers to gain opportunities, resources, and knowledge toward becoming self-sufficient.

Volunteer Background Clearance

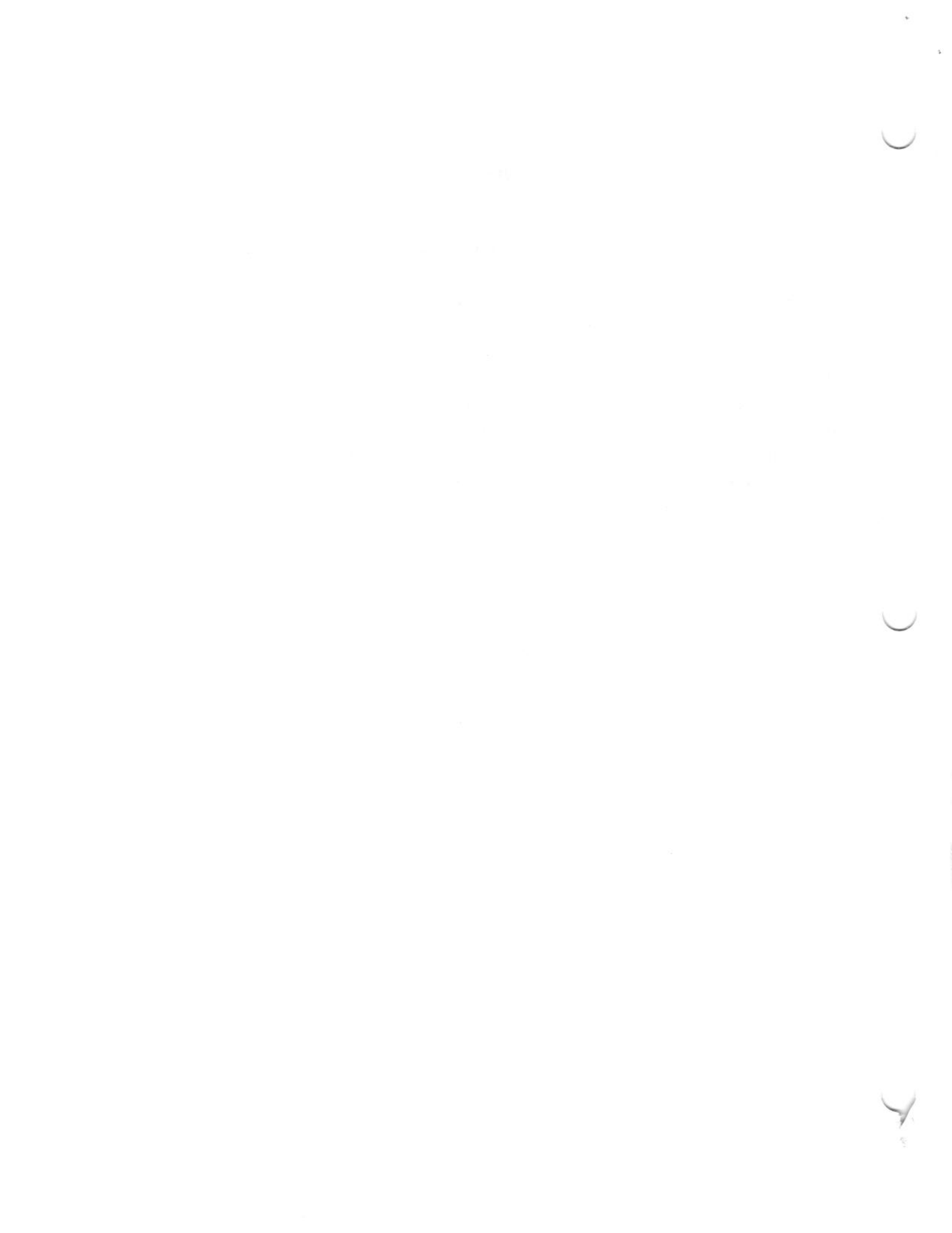
At Aunt Mary's House (AMH), we take the safety and security of everyone seriously. Our volunteers undergo a comprehensive background clearance process.

This clearance may include but is not limited to New York State and Federal criminal checks, sex offender clearance and motor vehicle driving history. Volunteer social security numbers and dates of birth are also verified. This application includes a mandatory Authorization for Information form related to a check with the NYS Central Register of Child Abuse and Maltreatment. In addition, once this entire application is submitted to AMH, the volunteer will receive an email from Commercial Investigations prompting more information in order to complete the background check. **There is a 48 HOUR window of time to complete this portion of the process.**

All information is kept confidential and will not be used for any other purposes.

Volunteers may not participate in the program until all necessary forms are completed and clearance is approved.

***If you are currently employed or volunteering in a role that requires a background check, please provide a copy as this step may not need to be completed.**



Volunteer Application

Date: _____

Name: _____

Home Address: _____

City/State/Zip: _____

Mailing Address (if different from home): _____

Address : _____

City/State/Zip : _____

Best Contact Phone Number (s): _____

Home # : (____) _____

Cell # : (____) _____

E-mail Address: _____

Date of Birth ____ / ____ / ____

Are you currently employed? If so, please list current employer below.

Highest Level of Education: _____

Health Limitations or Restrictions: _____

Have you ever been convicted of a felony? Yes ___ No ___

Please note that a comprehensive background clearance is mandatory.

How did you hear about Aunt Mary's House? _____

You, the volunteers, are the heart of Aunt Mary's House. We, the staff, and AMH guests are grateful for your generous and compassionate involvement and assistance. *Thank you.*

Please provide the name and telephone number(s) of someone we should contact in the event of an emergency.

Name : _____ Relationship : _____

Home # : (____) _____ Cell # : (____) _____

References(personal or professional):

Please list individuals that you have known for at least 3-5 years.

1.Name: _____ Phone Number : (____) _____

Email Address: _____

Mailing address: _____

How do you know this reference? _____

2.Name: _____ Phone Number : (____) _____

Email Address: _____

Mailing address: _____

How do you know this reference? _____

3.Name: _____ Phone Number : (____) _____

Email Address: _____

Mailing address: _____

How do you know this reference? _____

Serving as an Aunt Mary's House Team Member

Desired area(s) of serving (please check all that apply):

_____ Childcare _____ Mentor _____ Aunt Mary's House Closet (supplies)

_____ Transportation _____ Family Meals

_____ Activity/Group Leader – Please, explain what you would provide:

_____ Building Maintenance (light bulbs, smoke detectors, AC units, etc.)

_____ Property Care (General Construction) _____ Property Care (Landscaping)

_____ Property Care (Snow Removal)

_____ Community Outreach _____ Website Maintenance _____ Social Media

_____ Fundraising _____ Other: _____

Availability to serve at AMH (days & times): _____

What previous relevant experience (professional and/or personal) relates to your ability and desire to serve at AMH? _____

What are some stress management strategies you use? _____

What are some strengths and weaknesses you possess? _____

Why would you like to volunteer at AMH? _____

Is there any other information you would like us to know about you? _____

Release of Information

I, _____, hereby give Aunt Mary's House permission to release personal information related to my application, and clearance documents to those administrative and/or government entities with which this program is affiliated.

I acknowledge that this information will be used as verification of my participation in Aunt Mary's House and not for any other purpose unless clearly stated and approved by me. This release is valid until revoked by me.

Printed Name

Signature

Date

Publicity Release

I, _____, hereby give Aunt Mary's House permission to use photos of and/or quotes said by me for publicity purposes. This includes, but is not limited to: social media, press releases, website, printed materials, etc.

Printed Name

Signature

Date

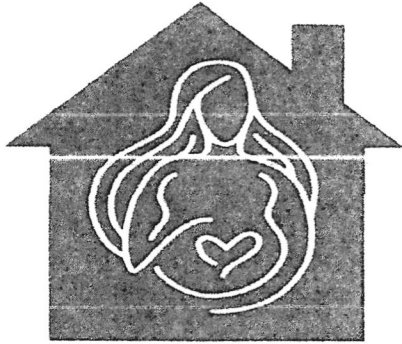
Applicant Verification

The information provided in this application is true, correct and complete.

Printed Name

Signature

Date



Aunt Mary's House Background Check Consent Form

The Background check will be completed by Commercial Investigations. This is being completed as a part of the Volunteer Program at AMH.

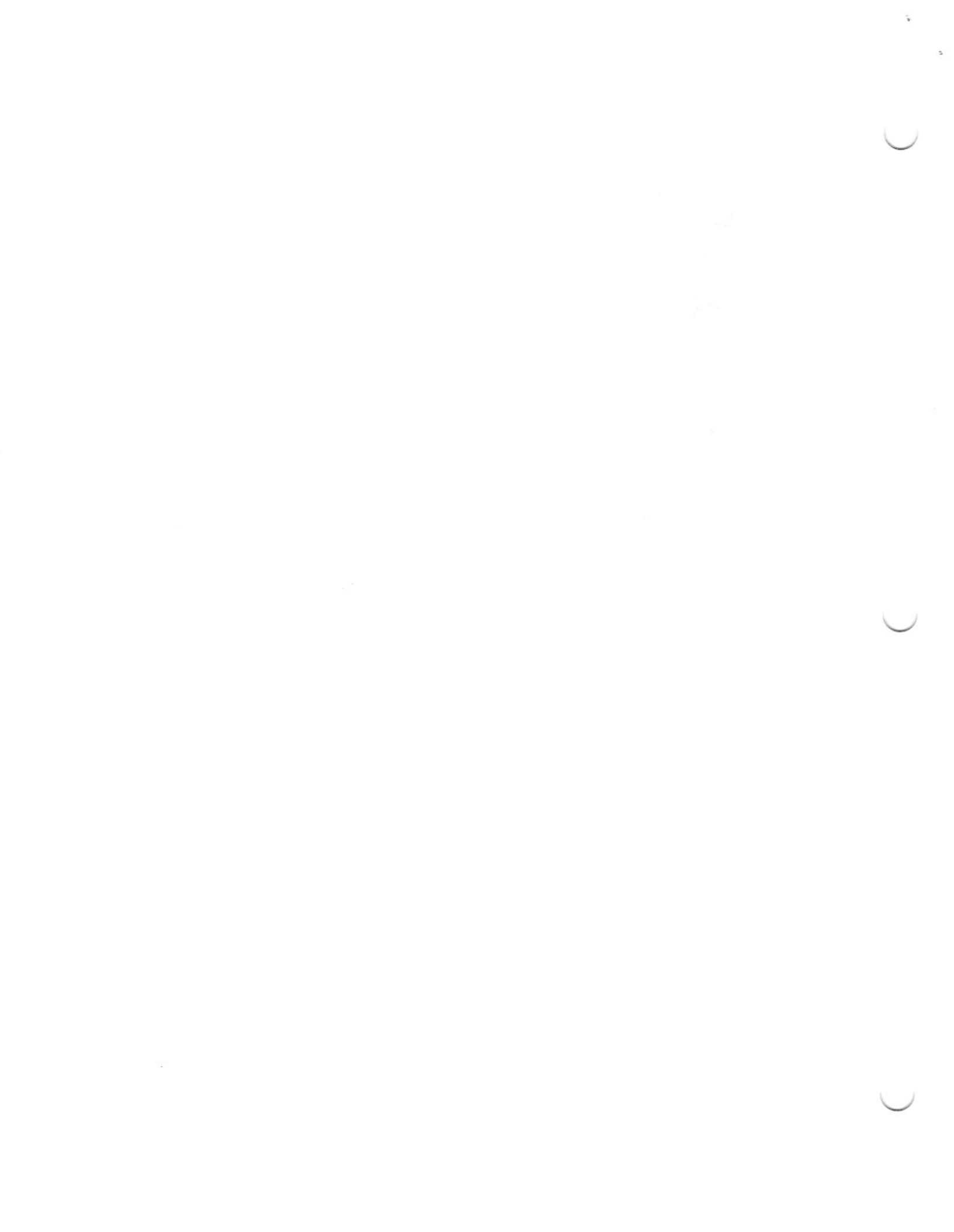
BACKGROUND INVESTIGATION CONSENT FORM AUTHORIZATION

I hereby give permission to verify the information submitted by me and to conduct a background investigation on me. I understand this may include social security number verification and address history, criminal history, driving history, a credit report, education history, license/certification verification, past employment information, reference checks, and/or any other public records. I authorize the complete release of these records.

Print Name of Applicant

Signature of Applicant

Date



AUTHORIZATION FOR INFORMATION

I, _____, currently residing at _____

_____, with a birthdate of _____

hereby authorize the New York State Central Register of Child Abuse and Maltreatment to furnish all information which may be contained within the New York State Central Register of Child Abuse and Maltreatment to

Kisten M. Giglio affiliated with Aunt Mary's House (agency) on my behalf in accordance with the Child Protective Services Act of 1973.

Please list any other legal names, maiden names or aliases you have had:

Please list the names and birth dates of anyone currently living in the home of the individual listed on line one of this form :as well as previous New York addresses of the individual along with dates of residency. This information is necessary to conduct a thorough and accurate search of the New York State Central Register database. Please furnish this information below.

Names and birthdates of anyone currently living in your home:

Previous addresses starting with most recent, please list dates of residency at each (Month/Date/Year)

**STOP HERE - The bottom portion of this form must be completed in the presence of the notary.
Thank you for your attention to this.**

Signature

On this _____ day of _____, 20____, before me personally came

_____ (individual) to me known and known to be the same person described in and who executed the within statement, and he/she duly acknowledged to me that he/she executed the same.

Notary Public

