



VOLUNTEER APPLICATION

Volunteer Completes This Side of the Form

Name: (First, MI, Last)		Telephone:	Home/Cell:
Address: (Street and No.)			Business:
City, State, Zip Code:		E-Mail Address:	
Legal Residence: (If different from above)		Drivers License #: (If applicable)	
Copy of Acceptable Identification Must Be Attached	<input type="checkbox"/> Yes (See list of Acceptable ID on page 2)		

EMPLOYMENT: (If presently employed, list employer below)			
Name of Employer:	Telephone :	Address:	
Supervisor's Name:		Supervisor's Title:	
Job Title:			
Job Duties:	<input type="checkbox"/> Additional information is attached		

ADDITIONAL QUESTIONS:	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Were you ever discharged from any employment except for lack of work, disability or medical condition?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Did you ever resign from any employment rather than face discharge?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Did you ever receive a discharge from the Armed Forces of the United States which was other than "Honorable" or which was issued under other than honorable conditions?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Have you ever been convicted of any crime (felony or misdemeanor)?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Are you now under charges for any crime?

If you answered "yes" to any of the above questions, please explain under "Remarks or additional information" or attach a separate sheet. None of the above circumstances represents an automatic bar to volunteer work. Each case is considered and evaluated on individual merits in relation to the duties and responsibilities of the position(s) for which you are applying.

IN CASE OF EMERGENCY - PLEASE NOTIFY THE FOLLOWING PERSON:			
Name:	Telephone #:	Home/Cell:	Work:

Are You Under 18 Years of Age? (If yes, parent or guardian must sign below.)	<input type="checkbox"/> Yes <input type="checkbox"/> No	Date of Birth:	
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PARENT/GUARDIAN PERMISSION (If Volunteer is under 18 years of age)	
Print Name: _____	Signature: _____
Relationship to Volunteer:	Date:

I certify that the answers on this Volunteer form are correct to the best of my knowledge and belief and that a false statement knowingly made may be considered cause for termination of volunteer service.

Signature: _____ **Date:** _____

PERSONAL PRIVACY PROTECTION NOTIFICATION

The information you are providing on this application is being requested to meet the Department's legal obligations. It will be used in accordance with Section 96 of the Personal Privacy Protection Law. Failure to provide the requested information may result in your disqualification as a volunteer. The information will be maintained by the Director of Personnel, Department of Environmental Conservation, 625 Broadway, Albany, New York 12233 (518) 402-9272.

Division:		Dates of Volunteer Work	
Bureau:		Beginning:	Ending:
Work Location: (City)			
Region:		County:	
Supervised By:			

Nature of work to be performed by volunteer:

Initiated by: (Unit/Bureau Head/Section Chief)

Signature:

Approved By: (Division/Region)

Signature:

Approved by: (Personnel Administrator)

Signature:

Remarks or additional information: Additional information is attached

Requests for reasonable accommodations necessary to insure full participation in our interview and selection process should be addressed to the Affirmative Action Officer, 625 Broadway, Albany, New York 12233.

THE NEW YORK STATE DEPARTMENT OF ENVIRONMENTAL CONSERVATION DOES NOT DISCRIMINATE ON THE BASIS OF RACE, COLOR, NATIONAL ORIGIN, GENDER, RELIGION, SEXUAL ORIENTATION, AGE, MARITAL STATUS OR DISABILITY IN EMPLOYMENT OR PROVISION OF SERVICES.

NOTE: ACCEPTABLE IDENTIFICATION

1. Driver's license or ID card issued by a state or outlying possession of the United States or Canadian government authority, provided it contains a photograph or information such as name, date of birth, gender, height, eye color and address
2. ID card issued by federal, state or local government agencies or entities, provided it contains a photograph or information such as name, date of birth, gender, height, eye color and address (e.g. passport)
3. School ID card with photograph
4. Voter's registration card or draft record
5. Military dependent's ID card
6. U.S. Coast Guard Merchant Marine Card
7. Native American tribal document

This form must be completed for each volunteer worker. Once signed by the Division/Program designee, the form is to be forwarded to the Bureau of Personnel. The information on this form is necessary to be certain that volunteers are covered by the Workers' Compensation Law.

Volunteers are defined by 1) individuals performing tasks traditionally reserved for volunteers, i.e., they are not being used to supplant paid staff in performing staff activities; 2) the individuals are not being required to work certain hours or perform duties involuntarily; and 3) the individuals receive no remuneration for their activities. Volunteers under 18 years of age are not required to obtain employment certificates (working papers).

Questions concerning this form maybe directed to the Bureau of Personnel, Employee Benefits Section, at (518) 402-9249.