

**Greene County Department of Human Services**  
**411 Main Street** **Catskill, NY 12414**  
**(518) 719-3555**

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

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

Email \_\_\_\_\_ Cell Phone \_\_\_\_\_

DOB \_\_\_\_\_ SS# \_\_\_\_\_ Phone \_\_\_\_\_  
*(Required)*

Did you serve in the military? \_\_\_\_\_ Yes \_\_\_\_\_ No

If married, did your spouse serve in the military? \_\_\_\_\_ Yes \_\_\_\_\_ No

Emergency Contact:

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

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

Relationship: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Present/previous volunteer experience: \_\_\_\_\_

What type of placement would you like? \_\_\_\_\_

Do you have access to vehicle? \_\_\_ Yes \_\_\_ No Do you have a driver's license? \_\_\_ Yes \_\_\_ No

Motorist ID# \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Designation of Beneficiary for insurance coverage:

Name: \_\_\_\_\_ Phone \_\_\_\_\_

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

With the exception of Medical Transportation Escorts: If you are not 55 yrs old, we cannot reimburse you for mileage but we can provide you with a statement for tax purposes. To do this you must submit mileage sheets. Please indicate here if you would like this: \_\_\_\_\_

I understand that I am volunteering my services through the Greene County Department of Human Services RSVP and that I am not an employee of Greene County or any station where I volunteer. I understand that if I use my personal automobile in my volunteer service I will arrange to keep my auto liability insurance to minimum limits required by the State of New York. I attest that I am either a Citizen of the United States or a legal alien.

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

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

Station Placement: \_\_\_\_\_

# Greene County Department of Human Services Volunteer Code of Conduct

Greene County Department of Human Services (GCDHS) Volunteers are required to accept and adhere to the following standards of behavior when engaged in assigned volunteer activities.

- Respect and adhere to GCDHS rules, policies and guidelines that relate to volunteer activity and the program I serve.
- Execute GCDHS business in an ethical manner.
- Preserve the confidentiality of information (and sign confidentiality agreement if required by my volunteer role) about program participants and GCDHS internal affairs that have been entrusted to me as affirmed by my signature on the Volunteer Confidentiality Agreement.
- Refrain from using my GCDHS volunteer status for personal or business financial gain.
- Fulfill my assigned volunteer duties, including completion of required records or reports, in a timely manner.
- Use my time wisely and work cooperatively with staff and other volunteers.
- Participate in required training programs and use the recommended policies and procedures.
- Accept supervision and support from GCDHS staff and/or supervisory volunteers.
- Respect and uphold the rights and dignity of all staff, other volunteers, and all individuals who participate in GCDHS programs recognizing that people's values, beliefs, customs, and strengths differ.
- Encourage participation of and respect for individuals of diverse backgrounds, cultures, and perspectives.
- Refrain from the use of alcohol, tobacco and inappropriate language.
- Commit no illegal or abusive act.
- Report all unsafe conditions and accidents to supervisor as soon as possible.
- To decline any offer of cash gifts or tips at any time for services performed in conjunction with the Department of Human Services or RSVP
- **Failure to comply may result in termination**

**Signatures:** With my signature, which I voluntarily affix to this agreement, I acknowledge that I have read, understood, and will do my best to fulfill the promises made in the Volunteer Agreement and the Code of Conduct.

GCDHS Volunteer \_\_\_\_\_ Date \_\_\_\_\_

Volunteer  
Coordinator \_\_\_\_\_ Date \_\_\_\_\_

*Background Check for Greene County Department of Human Services*

Fax: 719-3798

**AUTHORIZATION FOR RELEASE OF INFORMATION**

I, \_\_\_\_\_, do hereby authorize the Greene County Sherriff's Department, New York State Police, Catskill Police Department, and any other law enforcement agency to release all available information and copies of records regarding me, in order that the Greene County Department of Human Services may determine my suitability for possible volunteer placement. Except for minor traffic violations and adjudications as a youthful offender, wayward minor or juvenile delinquent, have you ever been convicted of a crime (felony or misdemeanor) or are you now under charges for any offense?

\_\_\_\_\_ **Yes**                      \_\_\_\_\_ **No**

\_\_\_\_\_  
*Print Name of Applicant including middle initial*

\_\_\_\_\_  
*Social Security Number*

*Please check if no middle initial*

\_\_\_\_\_  
*Alias's/Maiden Name*

\_\_\_\_\_  
*Date of Birth*

\_\_\_\_\_  
*Signature of Applicant*

\_\_\_\_\_  
*Date*

**\*\*\* NOTE: A Photostat of this authorization shall be considered as effective and valid as the original.**