THE BELLE CENTER-ERIE REGIONAL HOUSING DEVELOPMENT CORPORATION
104 Maryland Street • Buffalo, New York 14201 • Phone 716-845-0485 • Fax 716-845-0486 •www.thebellecenter.org
Connect With Us:

The Belle Center Volunteer Form

Name:				**Date:**
Address:	**City:**		**State:**	**Zip:**
Phone:	**Email:**			**Gender: Male or Female**
Birth Date Month: Day: Year:	**# Of Desired Volunteer Hours:**			
Area(s) of Expertise: ***Example - Math, Computers, Gardening & etc.***				

Volunteer Opportunities

Choice(s)	Areas & Best Times To Volunteer	
Date(s) & Hour(s) of Availability	**Day Care & Universal Pre-K:** (Serves Youth ages 6 weeks – 4 years old) Operates Monday – Friday (**Fall, Winter, Spring & Summer**) 10:00 a.m. – 12:00 p.m. & 2:30 p.m. – 4:30 p.m.	
Date(s) & Hour(s) of Availability	**Afterschool Advantage Program:** (Serves Youth ages 5 – 13 years old) Operates Monday – Friday (**Fall, Winter & Spring**) 2:30 p.m. – 6:00 p.m.	**Afterschool Advantage Program:** (Serves Youth ages 5 – 13 years old) Operates Monday – Friday (**Summer**) 8:00 a.m. – 6:00 p.m.
Date(s) & Hour(s) of Availability	**Young Heroes Program:** (Serves Youth ages 13 – 16 years old) Operates Monday – Friday (**Fall, Winter & Spring**) 9:00 a.m. – 7:00 p.m.	**Young Heroes Program:** (Serves Youth ages 13 – 16 years old) Operates Monday – Friday (**Summer**) 9:00 a.m. – 3:00 p.m.
Date(s) & Hour(s) of Availability	**Evening Prevention Program:** (Serves Youth ages 13 – 22 years old) Operates Monday – Friday (**Fall, Winter, Spring & Summer**) 6:00 p.m. – 8:00 p.m.	
Date(s) & Hour(s) of Availability	**Senior Wellness Program:** (Serves persons 55 and above) Operates Monday – Friday (**Fall, Winter, Spring & Summer**) 10:00 a.m. – 1:00 p.m.	
Date(s) & Hour(s) of Availability	**Food Pantry:** Operates twice a month (**Fall, Winter, Spring & Summer**) (9:30 a.m. – 11:30 a.m.) & (1:00 p.m. – 2:00 p.m.)	
Date(s) & Hour(s) of Availability	**Other Suggestions:**	

Media Release: I understand and agree that photographs and videos may be taken during programming and that I hereby give permission to have my photo taken and authorize the use and reproduction of said photos by The Belle Center. All negatives and prints shall become the sole property of The Belle Center. **O** Yes **O** No

Please complete this brief survey and answer how important were each of the following reasons in your decision to devote time to volunteer service?

1. Not Important 2. Somewhat Important 3. Very Important

1 2 3 Make a contribution to my community	1 2 3 Meet new people and be part of a team
1 2 3 Be part of a solution to serious social problems	1 2 3 Have something constructive to do with my time
1 2 3 Learn new skills or expand my knowledge	1 2 3 Parents/teachers wanted me to volunteer
1 2 3 Improve my qualifications for admission to a school	1 2 3 Improve my qualifications for employment

If need be, I hereby give my permission to The Belle Center to conduct a background check and a national sex offender's background check based on the information that I have supplied.

Signature: ____ **Date:** ______________________

Medical Statement of Child Day Care Staff

To Be Completed By Physician, Physician's Assistant or Nurse Practitioner

Staff Name ______________________________

Home Address ______________________________

Home Phone # (______) ____________________

Tuberculin Test

_____/_____/_____
Date

Tine ☐ Mantoux ☐
Specify

Pos ☐ Neg ☐
Results

If positive, attach physician's statement documenting treatment and follow-up.

On the basis of my findings and on my knowledge of the above named individual, I find that

his/her health is satisfactory to provide child day care;	☐ Yes	☐ No
he/she is free from communicable disease; and	☐ Yes	☐ No
he/she is physically and mentally fit to provide child day care.	☐ Yes	☐ No

Comments: ______________________________

____

____

____

Signature of Examiner	Address
Name (please print)	City, State, Zip
Title	Phone

_____/_____/_____
Date

LDSS-3370 (Rev. 04/2011) FRONT

SCR USE ONLY
REQUEST I.D.:

NEW YORK STATE
OFFICE OF CHILDREN AND FAMILY SERVICES

STATEWIDE CENTRAL REGISTER DATABASE CHECK

Agency Use Only

ALL INFORMATION MUST BE COMPLETE. PLEASE PRINT OR TYPE

AGENCY CODE:	RESOURCE I.D. (RID)	CHILD CARE FACILITY SYSTEM (CCFS) NUMBER:	CATEGORY USE ALPHA CODE:	PHONE NUMBER **(Area Code):** ( ) -

PRINT BELOW THE ADDRESS ASSOCIATED WITH YOUR RID/CCFS NUMBER:

AGENCY NAME:

AGENCY LIAISON:

STREET ADDRESS

CITY:	**STATE:**	**ZIP CODE:**

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.

FOR ALL CATEGORIES: Complete the following for yourself, your spouse, your children and any other person(s) in your home at the present time. MAKE SURE YOU COMPLETE ALL MAIDEN NAME/ALIAS SECTIONS THAT APPLY. IF NONE, STATE "NONE" *List RELATIONSHIP in the fields below*

(see reverse side for instructions) Attach additional page if necessary.

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

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

NYS Justice Center for the Protection of People with Special Needs (Justice Center) Criminal Background Check Unit	Applicant Consent Form for Fingerprinting for Justice Center Criminal Background Check (CBC)	

Part 1. Applicant Information (Please Print)

Last Name:		First Name:		MI:
Date of Birth:		Social Security Number:		
Applicant address:		Applicant type:		
Facility/Provider:				

State Oversight Agency: OMH OPWDD OCFS — Circle all that apply

Part 2. Attestation

1. I have been advised that as part of the application process, the law requires the facility or provider agency listed above to request a criminal history information check with the NYS Division of Criminal Justice Services (DCJS) and the Federal Bureau of Investigation (FBI) and authorizes the Justice Center to review and evaluate the results of the criminal history information check received by DCJS and FBI. The Justice Center will provide a summary of NYS criminal history, if any, to the facility or provider agency. A conviction for certain crimes may affect my suitability for employment in this position.
2. I consent to having my fingerprints taken and submitted for the purpose of a criminal history information check to DCJS and the FBI and consent to the Justice Center sharing with the facility or provider agency listed above a summary of the NYS criminal history information, if any, returned by DCJS, as part of its background investigation of my suitability for employment or volunteer service, or for certification as a natural person operator.
3. I have been advised that procedures exist for me to obtain, review and, if necessary, seek correction of my criminal history information pursuant to regulations established by DCJS in 9 NYCRR Part 6050, and the FBI, as applicable.
4. I have been advised that I have the right to withdraw my application for employment or volunteer service, or certification as a natural person operator, without prejudice, any time before employment, volunteer service, or certification as a natural person operator is offered or declined, regardless of whether the authorized person of the facility or provider agency has reviewed the summary of any criminal history information.
5. I have been advised that the results of the criminal history information check forwarded to the Justice Center by DCJS and the FBI shall be confidential pursuant to the applicable federal and state laws, rules and regulations, and shall only be disclosed to persons authorized by law. Criminal history information will be considered pursuant to Article 23-A of the NYS Correction Law in making hiring determinations.
6. I affirm that the fingerprints submitted will be my own and that the information I have provided is true, complete and accurate.
7. I certify to the best of my knowledge that I: (check as appropriate)
   ____ have been convicted of a crime in New York State or any other jurisdiction.
   ____ have pending arrest charges.
   If checked, provide details:____
   ____
8. I have been advised that my social security number is being requested so that the Justice Center may check whether I am on the Staff Exclusion List which is maintained as part of the Vulnerable Persons' Central Register and that such check is required by Social Services Law §495 and will be performed prior to the criminal history information check. 14 NYCRR Part 702 provides for the collection of social security numbers for this purpose and the failure to provide my social security number may preclude me from being considered for the position applied for.

Applicant Signature		Date:
Signature Parent/ Guardian if Applicant under 18 years		Date:
Part 3	**Facility of Provider Agency Authorized Person Information**	
Name:		Title:
Signature:		Email:

JC CBC 4 (7/13)