



*Empowering Exceptional People*

Thank you for your interest in Exceptional Family Resources.

This application is for volunteer positions at Exceptional Family Resources. Volunteer positions are not paid positions. If you are interested in a part-time paid position, please fill out our “Application for Employment.”

We appreciate your interest in volunteering look forward to having you be part of EFR.

*Working Together To Make Exceptional Typical*  
1820 Lemoyne Avenue, Syracuse New York 13208-1329 (315) 478-1462 Fax (315) 478-1467  
Website: [www.contactefr.org](http://www.contactefr.org)  
Parents Information Group for Exceptional Children, Inc.



**APPLICATION FOR VOLUNTEERS**  
(Complete all questions or indicate "not applicable")

Name (last, first, middle) \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone #s (C) (\_\_\_\_) \_\_\_\_\_ (H) (\_\_\_\_) \_\_\_\_\_

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

If under 18, can you furnish a work permit?  Yes  No  Not Applicable

Are you eligible for employment in the US?  Yes  No

Have you ever been employed here before?  Yes  No If yes, when? \_\_\_\_\_

Have you ever been convicted of a misdemeanor or a felony in any jurisdiction?  Yes  No

Do you have any pending charges?  Yes  No If yes to either question, please explain below:

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

Valid NYS Driver's License, if required?  Yes  No

Do you have any convictions for moving violations in the past three (3) years, and/or ever had any suspension, revocation DWI, convictions, or any occurrence involving harm to anyone or property when driving?  Yes  No If yes, please explain below:

\_\_\_\_\_

**EMPLOYMENT/VOLUNTEER HISTORY**

Provide the following information per your past three (2) employers, assignments or volunteer activities starting with the most recent.

1. From	To	Employer	Telephone
Job Title		Address	
Supervisor/Title		Job Responsibilities	
Reason for Leaving			
2. From	To	Employer	Telephone
Job Title		Address	
Supervisor/Title		Job Responsibilities	
Reason for Leaving			

**EDUCATIONAL BACKGROUND**

	Name	Graduate?
High School		
College		
Other		

**REFERENCES**

List the name, relationship and telephone number of **two (2)** references, other than relatives, who can attest to your character, reputation and personal qualifications.

1. Name	Relationship	Telephone
2. Name	Relationship	Telephone

I certify that the information contained in this application is true and complete to the best of my knowledge. I understand that, if employed, falsified statements on this application or any related employment paperwork shall be grounds for immediate dismissal. I authorize the investigation of all statements contained herein and the references listed above to give you any and all information they have, personal or otherwise, and release all parties from all liability for any damage that may result from furnishing same to Exceptional Family Resources. I understand that positions requiring regular and substantial contact with a service recipient will require screening: by inquiries to the Justice Center for an SEL (Staff Exclusion List) check regarding substantiated allegations of abuse/neglect after 6/30/13; OPWDD MHL 16.34 (NYS Mental Hygiene Law) regarding prior substantiated allegations of abuse/neglect prior to 6/30/13; and Division of Criminal Justice Services for a criminal background check, conducted in accordance with OPWDD 633.22 regulations. Because this agency provides services and subsequently bills Medicaid for certain services provided, each potential employee, as well as each current employee and board member, will be subject to initial and periodic exclusion checks to verify that each person has not been excluded from federal healthcare programs. These checks include but may not be limited to searches from the following organizations: General Service Administration; Excluded Parties List System; Office of Inspector General-List of Excluded Individuals/Entities; Office of Foreign Assets Control-Specially Designated Nationals; NY Office of Medicaid Inspector General; OIG Most Wanted Office of Inspector General-Most Wanted Fugitives. Certain positions will require screening by inquiries to the Dept. of Motor Vehicles. I understand and agree that, if hired, my employment is "at will" for no definite period and may be terminated at any time with or without cause and without prior notice, or I may resign at any time with or without cause.

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

Exceptional Family Resources--An Equal Opportunity Employer