

Volunteer Application

Personal Information

Name (Last, First, MI)		Today's date:	
Street address			
City, State, Zip			
Primary phone number		Secondary phone number	
E-mail address		Social security number	
Do you have a valid driver's license? (please check) [] yes or [] no		Driver's license number/state/expiration	
Are you willing to undergo a background check? (please check) [] yes or [] no			

Position desired

Please check the volunteer position you are applying for				
<input type="checkbox"/> Donations specialist	<input type="checkbox"/> Transportation			
<input type="checkbox"/> Maintenance	<input type="checkbox"/> Volunteer coordinator/outreach			
Please check your desired volunteer days and shifts.	Monday <input type="checkbox"/> 9:00am-11:00am <input type="checkbox"/> 10:30am-1:00pm	Wednesday <input type="checkbox"/> 9:00am-11:00am <input type="checkbox"/> 10:30am-1:00pm	Friday <input type="checkbox"/> 9:00am-11:00am <input type="checkbox"/> 10:30am-1:00pm	Saturday <input type="checkbox"/> 9:00am-11:00am <input type="checkbox"/> 10:30am-1:00pm
Date available to volunteer:				
Previous volunteer experience.				
Special skills, training, hobbies you would like to utilize in this position.				

How did you hear about this organization?

Employment/School
Current Employer (or School)
Street address
City/State/Zip
Occupation (or major)

I am:
<input type="checkbox"/> Employed <input type="checkbox"/> Unemployed
<input type="checkbox"/> Retired <input type="checkbox"/> Student
Education: (highest level completed)
<input type="checkbox"/> High school/GED
<input type="checkbox"/> Some college completed
<input type="checkbox"/> Earned College Degree: _____

Things of My Very Own Inc. Mission Statement

Helping Children in Crisis

Things of My Very Own, Inc. provides crisis intervention services to children impacted by extensive abuse and/or neglect. Services are also available to children who are, solely due to the lack of items necessary for sustainability, at risk of a Child Protective Services intervention. Our goals is to keep children together with non-abusive family members, and out of the foster care system, whenever possible.

Things of My Very Own, Inc. Anti-Harassment Policy and Complaint Procedures

Statement of Policy

Things of My very Own, Inc. is committed to maintaining a learning and working environment that is free of bias, prejudice, and harassment—an environment that supports, nurtures, and rewards career and educational advancement on the basis of ability and performance. Harassment based upon race, color, religion, sex, sexual orientation, gender and/or gender identity or expression, marital or parental status, national origin, ethnicity, citizenship status, veteran or military status, age, disability, and any other legally protected basis is prohibited by law and undermines the character and purpose of the Organization. Such harassment is illegal and against Organization policy, and will not be tolerated. This policy covers all Directors, Volunteers, Employees, and Participants of the Organizational community and those who affect the Organizational community such as vendors or visitors. The Organization encourages everyone to report all incidents of harassment regardless of who that offender may be.

I. Definition of Prohibited Harassment

Prohibited harassment is conduct based on race, color, religion, sex, sexual orientation, gender and/or gender identity or expression, marital or parental status, national origin, ethnicity, citizenship status, veteran or military status, age, disability, and any other legally protected basis when

1. Submission to or rejection of the conduct is either an explicit or implicit term or condition of employment, basis for participation or advancement in an academic program, or basis for participation in a Organizational activity or benefit; or
2. Such conduct creates an intimidating, hostile, or offensive work, academic, or learning environment; or
3. Such conduct otherwise adversely affects employment or academic opportunities. Examples of such prohibited conduct when based upon a legally protected status include, but are not limited to
 - Verbal abuse or hostile behavior such as insulting, teasing, mocking, degrading, or ridiculing another person or group;
 - Unwelcome or inappropriate physical contact, comments, questions, advances, jokes, epithets, or demands;
 - Physical assault or stalking;
 - Displays or electronic transmission of derogatory, demeaning, or hostile materials;
 - Unwillingness to train, evaluate, assist, or work with an employee, volunteer, program participant, or student.

Harassment is unacceptable in the workplace, classroom, sports, and in other Organizational settings, such as mentorship programs and Organization sponsored social functions and events. This behavior violates Organizational policy even when it may not be sufficiently severe or

pervasive to constitute a violation of law.

II. Reporting a Harassment Complaint

All individuals who believe they have been harassed should file a complaint. Verbal complaints should be reduced to writing by either the complainant or the individual who receives the complaint in order to preserve an accurate record. The written complaint should identify the parties involved; describe the harassing behavior; when and where it occurred; and identify by name or description any witnesses.

Complaints should be promptly reported so that appropriate action may be taken in a timely manner. However, the late reporting of complaints may not prevent appropriate remedial action.

Any conduct that may be in violation of this policy will be investigated, regardless of whether a complaint is filed, and appropriate remedial action will be initiated.

Effort shall be made to complete the investigation of a complaint within thirty (30) days of the report of the harassment. Extensions of the time frame may be necessary in some circumstances. The complainant and alleged harasser will be notified of the extension.

III. Confidentiality

The Organization will maintain the confidentiality of the complaint to the greatest extent consistent with our goal of conducting a thorough and complete investigation. Effort will be made to safeguard the privacy and rights of all persons involved.

IV. Investigation and Disposition of the Complaint

The investigator will conduct a prompt, thorough, and impartial investigation of the complaint in the manner he or she deems necessary. The parties to the complaint will each have an opportunity to be heard during the investigation. The parties will also be informed of the status of the investigation as deemed appropriate. The investigation process is strictly internal to Things of My Very Own, Inc., so the presence of legal counsel or third parties is not permitted at any stage of the process unless otherwise required by law.

If it is determined that a violation of the Organization's harassment policy has occurred, prompt remedial action shall be taken. The nature of the remedial action and the process for its implementation will depend upon the particular facts and circumstances. The findings and intended actions shall be communicated to the complainant and the alleged harasser. If it is determined that no violation has occurred, such findings shall be communicated to the complainant and the alleged harasser. If the results of an investigation show that the complainant knowingly filed false accusations of harassment, or that a witness gave false statements, such individuals will be subject to the appropriate disciplinary action.

V. Retaliation

The Organization will take every step necessary to protect the complainant and any witnesses against retaliation for reporting the harassment or for participating in the investigation of a complaint. Any officer, employees, volunteer, or participant, who retaliates against an individual who complains of harassment, witnesses harassment, or participates in the investigation of a harassment complaint violates Organization policy and may be subject to sanctions.

Complaints of retaliation should be reported as violations of this policy.

VI. Sexual Assault

Sexual assault is a sexual act against the will and without the consent of the victim or where the victim is incapable of giving consent. This includes conduct that would be considered criminal under the New York State Penal Code. Since the medical, emotional, and legal needs of a sexual assault complainant may differ from those of other harassment complaints, sexual assault victims should, in addition to filing a Organization complaint, report the assault to the police and pursue counseling and other services if necessary.

VII. Consensual Relationships

Sexual behavior that is welcome or consensual does not constitute sexual harassment under the law. However, romantic relationships in situations where one individual has

greater power or authority over another frequently result in claims of harassment when the relationship ends and a perception of favoritism while the relationship continues.

Such relationships are inappropriate. If a consensual relationship occurs, any situation of authority must be discontinued and appropriate action may be taken.

IX. Education

The Organization supports a complete program for the education of its community with respect to the meaning and implementation of this policy. Training will be scheduled accordingly.

This policy does not form a contract of any kind. The Organization reserves the right to change or modify this policy as it deems appropriate and without notice.

Employee/Volunteer Signature

___/___/___

Date

Employee/ Volunteer Print

“AT WILL POLICY”

We have today a rapidly changing work environment. Both companies and workers are changing directions faster than ever. In order to remain competitive there is a greater than ever need for flexibility and managerial discretion. “At will” employment, which has been “the law of the land” for over a century, provides the flexibility and discretion we deem necessary for the benefit of everyone at this company.

Your employment/ Volunteer position with Things of My Very Own, Inc., is “at will.” This means that your employment/ Volunteer Position may be terminated at any time, with or without notice, for any reason, with or without cause. Likewise, you may terminate your employment/ Volunteer Position at any time, with or without notice, for any reason, with or without cause. As you can see, “at-will” employment is a two-way street. Nothing in the employee handbook or any other company document should be understood as creating guaranteed or continued employment, termination “for cause”, or of any other guaranteed or continued benefits. Only the President has the authority to make promises with regard to guaranteed or continued employment and any such promises are only effective if placed in writing and signed by the President.

I acknowledge and understand the “at will” nature of my relationship with the Company.

Employee/Volunteer Signature

___/___/___
Date

Employee/ Volunteer Print

Authorization and Release of Liability for Employment/Volunteer/Contractor Position Related investigations

In applying for employment with Things of My Very Own, Inc., I hereby authorize the Things of my Very Own, Inc., and/or any designated agent including any consumer reporting agency in the Company's behalf, to conduct any desired background investigation of my personal history as allowed by law, and to obtain and review any criminal and civil court findings, consumer credit report, to investigate any action related to employment, and/or any investigative consumer report in conjunction with said investigation.

I understand the nature and scope of said inquiries may include, but is not limited to, verification, inspection and/or reporting of any lawfully available records or information pertaining to work history; education; worker's compensation claims, criminal and civil court related actions; driving history (including traffic related offenses); personal financial status including consumer credit reports; and, any other information available from any public or otherwise documented record, and/or from any past or present business, professional or personal associates, pertaining to, but not limited to, my work history, character, ethics, mode of living, and general reputation.

I hereby fully release the Things of My Very Own, Inc., and any and all of its employees, directors, agents, officers, volunteers, successor and assigns, and any contributing parties or sources from whom any information is obtained, from any and all claims, actions or liability whatsoever which is in any way related to this or any subsequent investigation of my personal history.

I hereby state that all information provided by me to the Things of My Very Own, Inc., in any form, is, to the best of my knowledge, true, correct and complete. I also understand that any known misrepresentation made by me to the Corporation will exclude me from further consideration as a candidate for employment or advancement, and may result in termination of my employment or volunteer position with the Things of My Very Own, Inc., if I am hired and or advanced by the Corporation before such misrepresentation is identified.

I understand that acceptance of any offer or employment does not create a contractual obligation to the Company to continue to employ me in the future, and that my employment, volunteer position, or other applicable relationship with the Corporation is "at-will", for no definite period, and may be terminated at any time either by myself or the Corporation without previous notice.

Employee/Volunteer Signature

___/___/___
Date

Employee/ Volunteer Print

Things of My Very Own, Inc.

ACCIDENT WAIVER AND RELEASE OF LIABILITY FORM

Name of the Activity or Event:

Date of Activity or Event:

____ / ____ / ____

Check One: Transitional Aide Programs Services

I HEREBY ASSUME ALL OF THE RISKS OF PARTICIPATING AND/OR VOLUNTEERING
IN THIS

ACTIVITY OR EVENT, including by way of example and not limitation, any risks that may arise from negligence or carelessness on the part of the persons or entities being released, from dangerous or defective equipment or property owned, maintained, or controlled by them, or because of their possible liability without fault.

I certify that I am physically fit, have sufficiently prepared or trained for participation in the activity or event, and have not been advised to not participate by a qualified medical professional. I certify that there are no health-related reasons or problems which preclude my participation in this activity or event.

I acknowledge that this Accident Waiver and Release of Liability Form will be used by the event holders, sponsors, and organizers of the activity or event in which I may participate, and that it will govern my actions and responsibilities at said activity or event.

In consideration of my application and permitting me to participate in this event, I hereby take action for myself, my executors, administrators, heirs, next of kin, successors, and assigns as follows:

(A) I WAIVE, RELEASE, AND DISCHARGE from any and all liability, including but not limited to, liability arising from the negligence or fault of the entities or persons released, for my death, disability, personal injury, property damage, property theft, or actions of any kind which may hereafter occur to me including my traveling to and from this event, THE FOLLOWING ENTITIES OR PERSONS: Things Of My Very Own AKA Things of My Very own, Inc., and/or their directors, officers, employees, volunteers,

representatives, and agents, the activity or event holders, activity or event sponsors, activity or event volunteers;

(B) I INDEMNIFY, HOLD HARMLESS, AND PROMISE NOT TO SUE the entities

or persons mentioned in this paragraph from any and all liabilities or claims made as a result of participation in this activity or event, whether caused by the negligence of release or otherwise.

I acknowledge that the Things Of My Very Own and their directors, officers, volunteers, representatives, and agents are NOT

responsible for the errors, omissions, acts, or failures to act of any party or entity conducting a specific event or activity on behalf of the Things Of My Very Own Organization.

I acknowledge that this activity or event may involve a test of a person's physical and mental limits and may carry with it the potential for death, serious injury, and property loss. The risks may include, but are not limited to, those caused by terrain, facilities, temperature, weather, condition of participants, equipment, vehicular traffic, actions of other people including, but not limited to, participants, volunteers, spectators, coaches, event officials, and event monitors, and/or producers of the event, and lack of hydration. These risks are not only inherent to participants, but are also present for volunteers.

I hereby consent to receive medical treatment which may be deemed advisable in the event of injury, accident, and/or illness during this activity or event.

I understand that at this event or related activities, I may be photographed. I agree to allow my photo, video, or film likeness to be used for any legitimate purpose by the event holders, producers, sponsors, organizers, and assigns.

The accident waiver and release of liability shall be construed broadly to provide a release and waiver to the maximum extent permissible under applicable law.

This contract will be in effect, and will cover ALL programs, services, transitional aide, classes, contact with the Organization

And it's affiliates from the date of it's signing and will be in effect for 22 years following the signature.

If any part of this contract is found unlawful in a court of law I understand that every other part of the contract will remain in effect

And will be protected to the fullest extent of the law.

I CERTIFY THAT I HAVE READ THIS DOCUMENT, AND I FULLY UNDERSTAND ITS CONTENT. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT AND I SIGN IT OF MY OWN FREE WILL.

_____ / / _____
Print Participants Name Age Date

Participants Signature

(If under 18 years old) Parent or Guardian signature

PARENT / GUARDIAN WAIVER FOR MINORS (Under 18 years old)

The undersigned parent and natural guardian does hereby represent that he/she is, in fact, acting in such capacity, has consented to his/her child or ward's participation in the activity or event, and has agreed individually and on behalf of the child or ward, to the terms of the accident waiver and release of liability set forth above. The undersigned parent or guardian further agrees to save and hold harmless and indemnify each and all of the parties

referred to above from all liability, loss, cost, claim, or damage whatsoever which may be imposed upon said parties because of any defect in or lack of such capacity to so act and release said parties on behalf of the minor and the parents or legal guardian.

_____	_____	____/____/____
Print Participants Name	Age	Date

Parent or Guardian signature