

FAMILY SERVICE LEAGUE VOLUNTEER PACKET CHECKLIST



Volunteer Name: _____

Supervisor's Telephone#: _____

Supervisor's Name: _____

Supervisor's E-Mail Address: _____

Note for *Supervisor*:

1. Complete attached packet and keep forms in number order below.
2. Complete and sign the attached checklist and return it along with Packet to Diane Hill, Family Service League, 790 Park Ave. Huntington. All information must be complete, and **individual must be approved by Volunteer Services in order for applicant to be accepted and for volunteering to begin.**
3. **PLEASE DETACH NY CORRECTIONS LAW ARTICLE 23-A AND HAND TO APPLICANT PRIOR TO SUBMITTING PACKET TO Volunteer Coordinator.**

Volunteer Application
Volunteer Application page 2

Criminal Background Check
Authorization and Consent
Disclosure

ALL OMH/OASAS FUNDED PROGRAMS ARE EXEMPT FROM THIS BACKGROUND CHECK. SEE BOXES FOR OMH or OASAS FINGERPRINTING INSTRUCTIONS.

New York Corrections Law Article 23-A
2 pages—**Please remove and hand to applicant.**

NOTE: HAND OUT TO VOLUNTEER APPLICANTS THAT ARE SUBJECT TO THE PRIVATE BACKGROUND SCREENING.

Copy of Resume

Copies of identification:
 1. Driver's License (Non-driver ID card acceptable)
 2. Social Security Card

FSL Code of Ethics — Signature required

FSL/HIPAA Confidentiality Agreement —
Signature required

Code of Conduct for Custodians of People with
Special Needs

New York State Office of Children and Family
Services State Central Register Database check.

OMH Applicant Consent Form for Fingerprinting
and Criminal History Search

OMH Fingerprint Information Collection Form
(Required for OMH Funded Programs)

OR

OASAS Applicant Consent Form for Fingerprinting
and Criminal History Search

OASAS Fingerprint Information Collection Form
(Required for OASAS Funded Programs)

**VOLUNTEER
POSITION:** _____

[Supervisor Note: Check (✓) boxes before submitting to Volunteer Services]

I verify that the above paperwork is complete and that required documentation is attached; Signed

Supervisor

Date

VOLUNTEER SERVICES APPLICATION



PLEASE PRINT

PART A— TO BE COMPLETED BY ALL VOLUNTEER APPLICANTS

ALL INFORMATION ON THIS FORM IS CONFIDENTIAL.

LAST NAME		FIRST NAME		SS#
ADDRESS		CITY	STATE	ZIP CODE
()	()			
TELEPHONE HOME	CELL		E-MAIL ADDRESS	
	()	()		
EMERGENCY CONTACT/RELATIONSHIP		HOME	CELL	

ARE YOU UNDER 18? YES NO

HAVE YOU EVER VOLUNTEERED (OR BEEN EMPLOYED) BY FSL BEFORE? : YES NO

IF YES, GIVE DATES AND POSITION: _____

ARE YOU, OR HAVE YOU IN THE PAST, RECEIVED SERVICES FROM FSL? YES NO

IF YES, PLEASE PROVIDE THE PROGRAM NAME & DATES OF PARTICIPATION:

Please note, individuals who are currently receiving services or support from FSL are not eligible to volunteer their time on an ongoing basis. They may however qualify to lend a hand for special short-term projects

PROGRAM LOCATION: _____ DATES OF SERVICE: _____ TO _____

TYPE OF VOLUNTEER POSITION DESIRED: PART-TIME FULL-TIME

ARE THERE TIMES DURING THE WEEK THAT YOU ARE UNAVAILABLE (PLEASE SPECIFY BELOW):

DO YOU HAVE A SPECIFIC AREA OF INTEREST OR PREFERENCE IN MIND?

DO YOU HAVE A PARTICULAR REASON OR MOTIVATION FOR WANTING TO VOLUNTEER? (PLEASE EXPLAIN)

SPECIAL SKILLS

PLEASE SUMMARIZE ANY SPECIAL TRAINING, SKILLS, LICENSES, ETC.:

FOR OFFICE USE ONLY

DATE: _____ PROGRAM ASSIGNMENT: _____

INTERVIEWER: _____ PROGRAM DIRECTOR: _____

DOES APPLICANT HAVE EXPERIENCE WITH PERSONS WITH CHARACTERISTICS SIMILAR TO POPULATION SERVED IN PROGRAM ASSIGNED? YES NO

VOLUNTEER CLASSIFICATION (PLEASE CIRCLE ONE): **1** **2** **3**

INTERVIEWER COMMENTS: _____

PART A— (CONTINUED)



VOLUNTEER/MENTORING OR EMPLOYMENT HISTORY

FROM – TO	VOLUNTEER SITE/ EMPLOYER ADDRESS/PHONE	POSITION	MAY WE CONTACT FOR REFERENCE?
			<input type="checkbox"/> YES <input type="checkbox"/> NO
			<input type="checkbox"/> YES <input type="checkbox"/> NO
			<input type="checkbox"/> YES <input type="checkbox"/> NO

EDUCATIONAL BACKGROUND

NAME AND LOCATION	Number of Years Completed	Did you graduate?	Course of Study
High School		<input type="checkbox"/> YES <input type="checkbox"/> NO	
College		<input type="checkbox"/> YES <input type="checkbox"/> NO	Major Degree
Other			

REFERENCES

NAME	ADDRESS	TELEPHONE	NUMBER OF YEARS KNOWN
		()	
		()	
		()	

IF YOU HAVE BEEN CONVICTED OF A CRIMINAL OFFENSE (*OTHER THAN TRAFFIC VIOLATIONS*) PLEASE GIVE DATE, NATURE OF OFFENSE AND DISPOSITION: _____

NOTE: A CRIMINAL RECORD WILL NOT NECESSARILY BAR AN APPLICANT; IT WILL BE CONSIDERED AS IT RELATES TO THE SPECIFICS OF THE POSITION APPLIED FOR.

FSL does not discriminate on the basis of race, color, national origin, gender, age, religion, sexual orientation or disability in admission or access to treatment, employment or volunteerism in its programs and activities.

APPLICANT STATEMENT

I certify that all information I have provided on this volunteer application is true and complete.

Signature of Applicant _____

Date _____

ALL INFORMATION ON THIS FORM IS CONFIDENTIAL.

Volunteer Application - Supplement



This Form is required for all potential volunteer candidates and serves as authorization for Family Service League to perform a complete and thorough background screening prior to any offer of a volunteer position with the agency.

SUPERVISOR: PLEASE REMOVE ARTICLE 23-A (PAGES 2c) AND HAND TO APPLICANT NOW.

APPLICANT LAST NAME

MIDDLE INITIAL

FIRST NAME

IMPORTANT NOTE

*I understand that as an application requirement, FSL will conduct a **Criminal Background Check**, a **Child Abuse Registry** check.*

My signature represents authorization for Family Service League to perform such background checks

SIGNATURE OF APPLICANT

SOCIAL SECURITY NUMBER (REQUIRED)

DATE OF BIRTH

TODAY'S DATE

Please note volunteer services is contingent upon Criminal Background Check and Child Abuse Registry Check being approved.



Consumer or Investigative Consumer Report-New York

**DISCLOSURE OF INTENT TO OBTAIN CONSUMER REPORT OR
INVESTIGATIVE CONSUMER REPORT FOR VOLUNTEER PURPOSES**

TO _____

DATE _____

Please be advised that Family Service League may use a consumer reporting agency to obtain a consumer report ("Report") or investigative consumer report as part of its hiring and volunteering process. Further, please be advised that if you are hired as an employee or assigned a volunteer job, to the extent permitted by law, Family Service League may obtain further Reports from a consumer reporting agency.

Reports provided by a consumer reporting agency may include information regarding your character, general reputation, personal characteristics, mode of living, and credit standing. This is not an actual credit check.

If an investigative consumer report is requested, you may request a copy of the federal Fair Credit Reporting Act Summary of Rights as well as information regarding the nature and scope of any requested investigative consumer report.

NEW YORK CORRECTIONS LAW ARTICLE 23-A

LICENSURE AND EMPLOYMENT OF PERSONS PREVIOUSLY CONVICTED OF ONE OR MORE CRIMINAL OFFENSES

Section 750. Definitions.

751. Applicability.

752. Unfair discrimination against persons previously convicted of one or more criminal offenses prohibited.

753. Factors to be considered concerning a previous criminal conviction; presumption.

754. Written statement upon denial of license or employment.

755. Enforcement.

ARTICLE 23-A

LICENSURE AND EMPLOYMENT OF PERSONS PREVIOUSLY CONVICTED OF ONE OR MORE CRIMINAL OFFENSES

§ 750. Definitions. For the purposes of this article, the following terms shall have the following meanings:

(1) "Public agency" means the state or any local subdivision thereof, or any state or local department, agency, board or commission.

(2) "Private employer" means any person, Agency, corporation, labor organization or association which employs ten or more persons.

(3) "Direct relationship" means that the nature of criminal conduct for which the person was convicted has a direct bearing on his fitness or ability to perform one or more of the duties or responsibilities necessarily related to the license, opportunity, or job in question.

(4) "License" means any certificate, license, permit or grant of permission required by the laws of this state, its political subdivisions or instrumentalities as a condition for the lawful practice of any occupation, employment, trade, vocation, business, or profession. Provided, however, that "license" shall not, for the purposes of this article, include any license or permit to own, possess, carry, or fire any explosive, pistol, handgun, rifle, shotgun, or other firearm.

(5) "Employment" means any occupation, vocation or employment, or any form of vocational or educational training. Provided, however, that "employment" shall not, for the purposes of this article, include membership in any law enforcement agency.

§ 751. Applicability. The provisions of this article shall apply to any application by any person for a license or employment at any public or private employer, who has previously been convicted of one or more criminal offenses in this state or in any other jurisdiction, and to any license or employment held by any person whose conviction of one or more criminal offenses in this state or in any other jurisdiction preceded such employment or granting of a license, except where a mandatory forfeiture, disability or bar to employment is imposed by law, and has not been removed by an executive pardon, certificate of relief from disabilities or certificate of good conduct. Nothing in this article shall be construed to affect any right an employer may have with respect to an intentional misrepresentation in connection with an application for employment made by a prospective employee or previously made by a current employee.

§ 752. Unfair discrimination against persons previously convicted of one or more criminal offenses prohibited. No application for any license or employment, and no employment or license held by an individual, to which the provisions of this article are applicable, shall be denied or acted upon adversely by reason of the individual's having been previously convicted of one or more criminal offenses, or by reason of a finding of lack of "good moral character" when such finding is based upon the fact that the individual has previously been convicted of one or more criminal offenses, unless:

(1) there is a direct relationship between one or more of the previous criminal offenses and the specific license or employment sought or held by the individual; or

(2) the issuance or continuation of the license or the granting or continuation of the employment would involve an unreasonable risk to property or to the safety or welfare of specific individuals or the general public.

§ 753. Factors to be considered concerning a previous criminal conviction; presumption. 1. In making a determination pursuant to section seven hundred fifty-two of this chapter, the public agency or private employer shall consider the following factors:

(a) The public policy of this state, as expressed in this act, to encourage the licensure and employment of persons previously convicted of one or more criminal offenses.

(b) The specific duties and responsibilities necessarily related to the license or employment sought or held by the person.

(c) The bearing, if any, the criminal offense or offenses for which the person was previously convicted will have on his fitness or ability to perform one or more such duties or responsibilities.

(d) The time which has elapsed since the occurrence of the criminal offense or offenses.

(e) The age of the person at the time of occurrence of the criminal offense or offenses.

(f) The seriousness of the offense or offenses.

(g) Any information produced by the person, or produced on his behalf, in regard to his rehabilitation and good conduct.

(h) The legitimate interest of the public agency or private employer in protecting property, and the safety and welfare of specific individuals or the general public.

2. In making a determination pursuant to section seven hundred fifty-two of this chapter, the public agency or private employer shall also give consideration to a certificate of relief from disabilities or a certificate of good conduct issued to the applicant, which certificate shall create a presumption of rehabilitation in regard to the offense or offenses specified therein.

§ 754. Written statement upon denial of license or employment. At the request of any person previously convicted of one or more criminal offenses who has been denied a license or employment, a public agency or private employer shall provide, within thirty days of a request, a written statement setting forth the reasons for such denial.

§ 755. Enforcement. 1. In relation to actions by public agencies, the provisions of this article shall be enforceable by a proceeding brought pursuant to article seventy-eight of the civil practice law and rules.

2. In relation to actions by private employers, the provisions of this article shall be enforceable by the division of human rights pursuant to the powers and procedures set forth in article fifteen of the executive law, and, concurrently, by the New York city commission on human rights.



AUTHORIZATION AND CONSENT TO OBTAIN CONSUMER REPORT OR
INVESTIGATIVE CONSUMER REPORT FOR EMPLOYMENT PURPOSES AND STATE
DISCLOSURES

Consistent with the written disclosure dated _____ and provided to me, I hereby consent to and authorize Family Service League (the “AGENCY”) to obtain a consumer report and/or investigative consumer report (“Report”) from Sterling Talent Solutions, 1 State Street Plaza, New York, NY 10004, a consumer reporting agency for employment purposes as part of the AGENCY’s hiring process. If hired, I also consent to the AGENCY obtaining further Reports from a consumer reporting agency for an employment purpose at any time during my employment.

If an investigative consumer report is requested, I understand that I may request a copy of the federal Fair Credit Reporting Act Summary of Rights as well as information regarding the nature and scope of any such requested investigative consumer report.

I also acknowledge that I have received the attached copy of Article 23A of New York’s Correction Law. I further understand that upon request I will be advised if any investigative consumer reports are requested and provided the name and address of the consumer reporting agency and I may receive a copy of any Report by contacting such agency.

I hereby provide my ongoing consent for the AGENCY to procure Reports from a consumer reporting agency.

Name

Signature

Date

PLEASE SUBSTITUTE APPLICANT'S RÉSUMÉ HERE.

Please check here if Résumé is unavailable at this time

**NOTE TO SUPERVISOR:
PLEASE AFFIX A LEGIBLE COPY OF THE APPLICANT'S
DRIVERS LICENSE TO THIS SHEET BEFORE SUBMITTING.**

**NOTE TO SUPERVISOR:
PLEASE AFFIX A LEGIBLE COPY OF THE APPLICANT'S
SOCIAL SECURITY CARD TO THIS SHEET BEFORE SUBMITTING.**

Family Service League

CODE OF ETHICS

Family Service League is committed to ethical practices that are consistent with the mission, goals, and policies adopted by the Board of Directors;

- Provide the highest quality of services to the broadest possible range of individuals meeting admissions criteria of our programs;
- Adhere to the most stringent possible standards of compliance with all regulatory requirements of accountability in record keeping, protection of confidential information, billing, claims processing and other reporting activities;
- Ensure that all Agency-directed activities of children and families are consistent with sound treatment planning and do not represent personal gain for FSL's representatives (staff, volunteers, and board);
- Provide all services within the parameters of clearly defined contracts that are fully explained to all the parties at the point that service is initiated;
- Provide all services within the framework of informed consent; offer options for resolution of conflicts over recommendations; extend assistance in securing other services when conflicts cannot be resolved; undertake legal action when the best interests of the child are not being protected by parties with the power of consent;
- Offer only those special treatment procedures which can be clinically justified, which present minimal risk to children and other vulnerable persons, which are carefully monitored by qualified clinical practitioners, and which are subject to the standard of informed consent;
- Avoid conflict of interest in any agency-directed relationships and contractual agreements by maintaining a standard that these relationships and agreements are clearly defined, impartially conducted, and unencumbered by personal gain;
- Conduct all research activities within clearly established guidelines that promote protection from risk and require full informed-consent;
- Provide frameworks for the protection of the rights of staff and the rights of those who use the services of FSL;
- Require that all staff who are licensed clinical practitioners abide by the ethical/professional guidelines of their respective professions;
- Expect that all representatives of FSL will assume responsibility for identifying and reporting incidents of deviance from these standards without threat of reprisal.

Print Name

Date

Signature

Revised 4/07

HIPAA CONFIDENTIALITY AGREEMENT



Employee Name	Program Name	Date
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This Health Insurance Portability and Accountability Act (HIPAA) Agreement concerns the confidentiality of client information while using Family Service League, Inc. (FSL) data, hardware, software, electronic devices, and IT technology, including but not limited to:

- FSL computer systems whether accessed in-office or remotely;
 - Mobile devices used for FSL business, whether FSL or staff owned;
 - Client confidential data and/or personally identifiable health information (PHI);
 - Electronic health record systems (EHR);
 - Communication systems, including voice mail, desk or cell phones
 - PHI accessed from work stations or other computers, laptops, tablets, and smartphones, as well as information in hard copy and expressed verbally.
1. The access, privileges and credentials (logons and passwords) issued to me are confidential and are for FSL work use only.
 - a. They are not to be shared with other staff, my supervisor, vendors, help desks or any other persons.
 - b. If my password is lost or compromised I will report it immediately to my supervisor and to the Help Desk by phone at 516-520-6463 or email LCSService@LincolnIT.com
 2. I will not copy or cut and paste, print-screen, photo screens, or transmit any PHI or data unless it is expressly permitted as per HIPAA for treatment, billing and/or operations purposes.
 3. I will not access or view any information other than what is required to do my job.
 4. I will not share, divulge or disclose any PHI or confidential information unless such disclosure complies with FSL's policies and is required for the performance of my job.
 5. I understand that all FSL systems and peripherals, including the EHR, continuously record each person's access and activity.
 6. While using any FSL system, I will ensure that others (including family members and friends if logged on remotely) cannot view my screen or see client information.
 7. I will log off the EHR System if I step away from my home/remote computer for any reason.
 - a. I will lock my computer at all times when I am not at my desk.
 - b. I will completely log off all systems at the end of my normal work day.

I fully understand that Federal HIPAA laws mandate me to protect and keep confidential protected health information (PHI) of persons served by me and/or FSL during and after my employment.

I understand that failure to protect PHI will result in disciplinary action up to and possibly including termination of employment.

By signing below, I attest that I understand and will abide by all stipulations in this document as well as related policies and regulations.

Signed: _____ Print: _____

I will retain a copy of this agreement. The original will be kept in my personnel file.

CODE OF CONDUCT FOR CUSTODIANS OF PEOPLE WITH SPECIAL NEEDS

August 2014 –Volunteer--

Introduction

The Protection of People with Special Needs Act (“the Act”) establishes the Justice Center for the Protection of People with Special Needs (“Justice Center”) and required that this Code of Conduct be read and signed by anyone who will have regular and substantial contact with any person who is receiving services or supports from facilities or providers covered by the Act.

The Code of Conduct is not intended to provide a detailed list of what to do in every aspect of your work. Instead it represents a framework that will help custodians determine how to help people with special needs live self-directed, meaningful lives in their communities, free from abuse and neglect, and protected from harm.

You must abide by the following Code of Conduct provisions:

1. Person-Centered Approach

My primary duty is to the people who receive supports and services from this organization. I acknowledge that each person of suitable age must have the opportunity to direct his or her own life, honoring, where appropriate, their right to assume risk in a safe manner and recognizing each person’s potential for lifelong learning and growth. I understand that my volunteer position will require flexibility, creativity and commitment. Whenever appropriate, I will work to support the individual’s preferences and interests.

2. Physical, Emotional and Personal Well-being

I will promote the physical, emotional and personal well-being of any person who receives services and supports from this organization, including their protection from abuse and neglect and reducing their risk of harm. I will immediately report any situation in which any person receiving services or supports is experiencing, or is at risk of experiencing abuse or neglect.

3. Respect, Dignity and Choice

I will respect the dignity and individuality of any person who receives services and supports from this organization and honor their choices and preferences whenever possible and appropriate. I will help people receiving supports and services use the opportunities and resources available to all in the community, whenever possible and appropriate.

4. Self-Determination

I will help people receiving supports and services realize their rights and responsibilities, and, as appropriate, make informed decisions and understand their options related to their physical health and emotional well-being.

5. Relationships

I will help people who receive services and supports from this organization maintain or develop healthy relationships with family and friends. I will support them in making informed choices about safely expressing their sexuality and other preferences, whenever possible and appropriate.

6. Advocacy

I will advocate for justice, inclusion and community participation with, or on behalf of, any person who receives services and supports from this organization, as appropriate. I will promote justice, fairness and equality, and respect their human, civil and legal rights.

7. Personal Health Information and Confidentiality

I understand that persons served by my organization have the right to privacy and confidentiality with respect to their personal health information and I will protect this information from unauthorized use or disclosure, except as required or permitted by law.

8. Non-Discrimination

I will not discriminate against people receiving services and supports or colleagues based on race, religion, national origin, sex, age, sexual orientation, economic condition or disability.

9. Integrity, Responsibility and Professional Competency

I will reinforce the values of this organization when it does not compromise the well-being of any person who receives services and supports. I will maintain my skills and competency through continued learning, including all training provided by this organization. I will actively seek advice and guidance of others whenever I am uncertain about an appropriate course of action. I will not misrepresent my professional qualifications or affiliations. I will demonstrate model behavior to all, including persons receiving services and supports.

10. Reporting Requirement

As a volunteer, I acknowledge my obligation to report all allegations of reportable incidents immediately upon discovery to my Family Service League Supervisor, Program Director or another member of my management, who will cause it to be reported to the Justice Center's Vulnerable Persons' Central Register by calling 1-855-373-2122.

CODE OF CONDUCT FOR CUSTODIANS OF PEOPLE WITH SPECIAL NEEDS

August 2014 -Volunteer-

PLEDGE TO ABIDE BY THE CODE OF CONDUCT FOR CUSTODIANS OF PEOPLE WITH SPECIAL NEEDS

As a Volunteer, I pledge to prevent abuse, neglect, or harm to any person with special needs. If I learn of or witness any incident of abuse, neglect or harm toward any person with special needs, I will offer immediate assistance and the notify emergency personnel including 9-1-1 where appropriate, and inform my Family Service League Supervisor, Program Director, or another member of management.

I acknowledge that I have read and that I understand the Code of Conduct.

I agree to abide by this Code of Conduct.

Signature

Print Name

Date

Program: _____

Department: Volunteer

Facility/Provider Organization: FAMILY SERVICE LEAGUE

August 2014

Instructions for Completing the Statewide Central Register Database Check Form LDSS-3370

- **ALL** information on the form must be easily read so that data entry and results are accurate. Each SCR Database Check submitted should be reviewed for completeness and legibility by the program/agency liaison. If the form is incomplete or illegible, it will be returned to the agency for corrections.

THE PROPER WAY TO COMPLETE THE FORM:

AGENCY INFORMATION

TOP LINE OF FORM:

- The three-digit agency code must be placed in the top left-hand box, followed by the Resource I.D. (RID) in the next box to the right. (Contact the licensing agency if there are any questions about these.)
- Daycare providers must place their Child Care Facility System (CCFS) Number in the box next to Resource ID (RID), in lieu of Resource ID number. (Contact your licensing agency/Regional Office if you have any questions).
- Clearance Category letter code (see back of Form LDSS-3370) must be placed in the middle box.
- Phone number (with area code) enables the SCR to contact the agency liaison if this becomes necessary.
- The Request ID Box is for SCR use only.

AGENCY ADDRESS AREA:

- **Agency Name:** Please use full name, no abbreviations
- Agency Liaison is the contact person at the inquiring agency. (*The SCR response will be addressed to the liaison.) **The liaison cannot be the applicant or a relative of the applicant.**
- **Agency Address:** Must include street, city

APPLICANT INFORMATION

APPLICANT/HOUSEHOLD MEMBER AREA:

- **ALL HOUSEHOLD MEMBERS, ADULTS AND CHILDREN, WHETHER RELATED TO THE APPLICANT OR NOT, ARE TO BE LISTED IN THIS AREA OF THE FORM.**

- Remember to **write clearly** or **type** all information in order to assist in obtaining an accurate response. Record all names with the last name first, then the first name, and middle name.
- **First line:** Applicant's name. If there is more than one applicant place the additional name(s) on the lines below the maiden name line.
- **Second line:** Any maiden names, previous married names, or aliases by which the applicant is or has been known. Use additional lines if there is more than one maiden/married/alias name to be listed.
- **Remaining lines:** Names of all other household members. (Attach an additional page if needed.)

IF THERE ARE NO OTHER HOUSEHOLD MEMBERS, PLEASE CHECK BOX FOR NO OTHER HOUSEHOLD MEMBERS.

- **First column:** indicate the relationship to the applicant of each person listed. (*Spouse, son, daughter, mother, father, friend, etc.*)
- **Sex M/F column:** fill in either M (Male) or F (Female) for every person listed.
- **Date of Birth column:** fill in complete date of birth (mm/dd/yy) for everyone listed on the form.

ADDRESS AREA:

The information required varies depending on the particular category:

- For Adoption, Foster Care and Family and Group Family Day Care (see back of form for categories), provide addresses for the applicant and any household member who is 18 and older. **We need this information for the last 28 years.** Attach supplemental pages if necessary, but **do not use** another LDSS-3370 form to list this additional information. Be sure to associate address histories with particular individuals (*i.e., indicate which addresses are for which household members*).
- For all other categories, only the applicant's address history is required – **for the last 28 years.**
- Complete addresses are required. Include street name and city/town/village. Also include street number and apartment number. **Post Office Box numbers are not acceptable.** If the applicant has lived abroad, indicate country and dates (*mo/yr*) of residence. If the applicant has spent time in the military, list base names and locations along with dates (*mo/yr*). **Be sure that there are no periods of time unaccounted for.**
- The top line is for the current address. The previous address should be listed on the second line downward, and so on to the back of the form for the last 28 years. Staple the attached supplemental page to the form if more space is needed, but do not use another copy of the LDSS-3370 for this additional information.

SIGNATURE AREA:

Signatures required depend upon the particular category:

- For Adoption, Foster Care and Family and Group Family Day Care (see back of form for category), signatures are needed from the applicant and any household member who is 18 or older.
- For all other categories, only the applicant's signature is required.
- All signatures must correspond to the names recorded in the Applicant/Household Member Area-for example; Mary Smith should not sign Mary Ann Smith. Victoria Smith should not sign Vicki.
- Applicants must sign in the boxes marked "Applicant's Signature", household members over 18 who are not applicants must sign in the boxes at the extreme bottom of the page marked "Signature".
- All signatures must be dated (*mm/dd/yy*). **The SCR will not accept** a form with a signature date more than 6-months old.

If you have questions regarding proper completion of this form, **please call the SCR at 518-474-5297.**

MAIL YOUR COMPLETED LDSS-3370 FORM TO: STATEWIDE CENTRAL REGISTER
P.O. BOX 4480
ALBANY, N.Y. 12204-0480

TO ORDER A SUPPLY OF LDSS-3370 FORMS:

Please access the (OCFS-4627) *Request for Forms and Publications*, from the Intranet:<http://ocfs.state.nyenet/admin/forms/SCR/>
Internet: <http://ocfs.ny.gov/main/forms/cps/> and mail the completed OCFS-4627 *Request for Forms and Publications*, to: **THE OFFICE OF CHILDREN AND FAMILY SERVICES, FORMS AND PUBLICATIONS UNIT, 52 WASHINGTON ST. ROOM 134 NORTH, RENSSELAER, NY 12144-2834.**

AGENCY LIAISON INSTRUCTIONS

Please verify that each form is completed. Incomplete forms will be returned to the sender. For ADOPTION, FOSTER CARE, and FAMILY and GROUP FAMILY DAY CARE, if both spouses are applicants, both are to sign. Persons eighteen years old and over residing in the home of applicants for ADOPTION, FOSTER CARE and FAMILY AND GROUP FAMILY DAY CARE also must sign the form.

AGENCY CODE - Record your 3-digit agency code. **NOTE:** Day Care, Family and Group Family Day Care and Camps must provide the agency code of the agency or office which issues your license or certificate. Verify your Alpha or Alpha/Numeric 3-digit code with your licensing agency.

DAYCARE PROVIDERS - Must place their Child Care Facility System (CCFS) Number in the box next to Resource ID (RID), in lieu of Resource ID (RID) number. (*Contact your licensing agency/Regional Office if you have any questions*).

RESOURCE I.D. (RID) - Record your RESOURCE I.D. (RID) in this field. OCFS, OMH, OMRDD, DOH, OASAS and SED licensed agencies and programs, and Local Departments of Social Services, have RID'S as of 9/01. Verify your RID number with your licensing agency. If you need assistance, email: ocfs.sm.conn_app@ocfs.ny.gov

CLEARANCE CATEGORIES - Record the appropriate category.

<p>A – Adult Services/Family Type Home for Adults</p> <p>D - Prospective employee (<i>Local DSS district - bill against reimbursement</i>)**</p> <p>E - Current employee.</p> <p>F - Prospective/new employee other than day care employees. (fee required - see below)*</p> <p>M - Director of a summer camp, overnight camp, day camp or traveling day camp.</p> <p>N - Applying for a license to operate a day care center. (To be submitted by authorized licensing agency only.) (fee required - see below)*</p> <p>P - Applying to be family day care provider. (<i>fee required - see below</i>)* <i>Provide address history for all household members 18 and over.</i></p>	<p>Q - Applying to be group family day care provider. (<i>fee required - see below</i>)* <i>Provide address history for all household members 18 and over.</i></p> <p>R - Applying to be kinship foster parents.</p> <p>S - Provider of goods/services</p> <p>U – Universal Pre-K Teacher (<i>fee required - see below</i>)*</p> <p>W - Applying to be foster parents or family care home providers.</p> <p>X - Applying to be adoptive parents pursuant to an application pending before the inquiring agency.</p> <p>Y - Prospective <u>Day Care</u> employee (<i>fee required - see below</i>)*</p> <p>Z - Prospective volunteer/consultant.</p>
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AGENCY LIAISON - Record the name of the person to whom the response should be sent (*cannot be the same as applicant or related to the applicant*).

APPLICANT/HOUSEHOLD MEMBER AREA INSTRUCTIONS - This information is to be provided by the applicant/employee/provider. See front of form.

APPLICANT(S) (at least one person must be so designated)-USE FIRST LINE

MAIDEN NAME/ALTERNATIVE/AKA: must be completed for every applicant. Record **ALL** previous names used. Start with second line. Use as many lines as needed (*One last name per line*)

OTHER HOUSEHOLD MEMBERS: describe relationship to applicant, e.g., son, daughter, father, mother, friend, etc. on remaining lines (*ATTACH ADDITIONAL PAGE IF NECESSARY*)

IF THERE ARE NO OTHER HOUSEHOLD MEMBERS, PLEASE CHECK BOX FOR NO OTHER HOUSEHOLD MEMBERS.

*Social Service Law 424a requires the collection of a \$25.00 fee for certain categories. A certified check, postal or bank money order, teller's check, cashier's check or agency check made payable to "New York State Office of Children and Family Services" in the amount of twenty-five dollars, is to accompany the form. The check also is to include the applicant's name and the agency code.

N.B.: a separate check must accompany each form.

**Social Service Law 424a, allows local DSS to bill against their reimbursement the charge collected for screening prospective employees.

If you have questions, please call the SCR at 518-474-5297.

MAIL YOUR COMPLETED LDSS-3370 FORM TO:

**STATEWIDE CENTRAL REGISTER
P.O. BOX 4480, Attention: Service Center Unit
ALBANY, N.Y. 12204-0480**

TO ORDER A SUPPLY OF LDSS-3370 FORMS:

Please access the **OCFS-4627, Request for Forms and Publications**, from the Intranet: <http://ocfs.state.nyenet/admin/forms/SCR/>
Internet: <http://ocfs.ny.gov/main/forms/cps/> and mail the completed **OCFS-4627, Request for Forms and Publications** to: **THE OFFICE OF CHILDREN AND FAMILY SERVICES, FORMS AND PUBLICATIONS UNIT, 52 WASHINGTON ST. ROOM 134 NORTH, RENSSELAER, NY 12144-2834.** If you have difficulty accessing a form on either site, you can call the automated Forms Request Line at **518-473-0971.**

NEW YORK STATE
OFFICE OF CHILDREN AND FAMILY SERVICES
STATEWIDE CENTRAL REGISTER DATABASE CHECK
Agency Use Only

SCR USE ONLY
REQUEST I.D.:

ALL INFORMATION MUST BE COMPLETE. PLEASE PRINT OR TYPE

AGENCY CODE: SHD	RESOURCE I.D. (RID) 680	CHILD CARE FACILITY SYSTEM (CCFS) NUMBER:	CATEGORY USE ALPHA CODE: Z	PHONE NUMBER (Area Code): (631) 470 - 6772
PRINT BELOW THE ADDRESS ASSOCIATED WITH YOUR RID/CCFS NUMBER: AGENCY NAME: Family Service League			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 <u>FOR ALL CATEGORIES:</u> 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/MARRIAGE SECTIONS THAT APPLY. IF NONE, STATE "NONE" List RELATIONSHIP in the fields below <i>(see reverse side for instructions) Attach additional page if necessary.</i>	
AGENCY LIAISON: Danielle Greenwood- Coordinator of Volunteers				
STREET ADDRESS: 790 Park Avenue				
CITY: Huntington	STATE: NY	ZIP CODE: 11743		

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**

IF THERE ARE NO OTHER HOUSEHOLD MEMBERS, PLEASE CHECK THIS BOX.

RELATIONSHIP TO APPLICANT	LAST NAME	FIRST NAME	SEX M/F	DATE OF BIRTH
APPLICANT				
APPLICANT MAIDEN/ALIAS/MARRIED NAME				

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 (Mo/Yr)	TO (Mo/Yr)
					/	/
PREVIOUS STREET ADDRESS	APT #	CITY	STATE	ZIP	FROM (Mo/Yr)	TO (Mo/Yr)
					/	/
PREVIOUS STREET ADDRESS	APT #	CITY	STATE	ZIP	FROM (Mo/Yr)	TO (Mo/Yr)
					/	/
PREVIOUS STREET ADDRESS	APT #	CITY	STATE	ZIP	FROM (Mo/Yr)	TO (Mo/Yr)
					/	/
PREVIOUS STREET ADDRESS	APT #	CITY	STATE	ZIP	FROM (Mo/Yr)	TO (Mo/Yr)
					/	/

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 / /
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APPLICANT'S SIGNATURE	DATE / /
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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 / /
-----------	-------------



**Applicant Consent Form for
Fingerprinting for Justice Center
Criminal Background Check (CBC)**

**NYS Justice Center for the
Protection of People with Special
Needs (Justice Center)
Criminal Background Check Unit**

Part 1. Applicant Information (Please Print)

Last Name:	First Name:	MI:
Date of Birth:	Applicant type: Employee <input type="checkbox"/> Volunteer <input type="checkbox"/> Family Care <input type="checkbox"/> Operator <input type="checkbox"/>	
Applicant address, city state:		Social Security Number:
Facility/Provider Name:		

Part 2. Attestation

1. I have been advised that as part of the application process, the facility or provider agency listed above must request a background check with the NYS Division of Criminal Justice Services (DCJS) and the Federal Bureau of Investigation (FBI) and the Justice Center must review and evaluate the results received from DCJS and the FBI. A conviction for certain crimes may affect my suitability for employment in this position.
2. I consent to having my fingerprints taken and submitted 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 background check forwarded to the Justice Center 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)

You have not been convicted of a crime if: a. Your conviction was sealed; dismissed; reversed; resulted in a youthful offender (YO) or juvenile delinquency (JD) adjudication; resulted in a conviction for a non-criminal violation offense; or if you were acquitted; b. you received an Adjudgment in Contemplation of Dismissal (ACD) and the adjournment period has elapsed; or c. you withdrew your plea after completing a treatment program, and were not convicted of a felony or misdemeanor.
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 - (a) have not been convicted of a crime.
 - (b) have been convicted of a crime in NY or other jurisdiction.
 - (c) have pending arrest charges.
 If (b) or (c) is 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 as required by Social Services Law and will be performed prior to the criminal history information check.

Applicant Signature		Date:
Guardian signature if under 18		Date:
Part 3	Facility or Provider Agency Authorized Person Information	
Authorized Person Name:		Title:
Signature:		Email:

Fingerprint Applicant Info Sheet

Applicant Name First Name _____ Last Name _____

Applicant Date of Birth _____

Methods of Contact (Include contact information for who should be notified if the applicant needs to be reprinted if there is a problem with the prints. This can be the Authorized Person.)

Preferred Contact Method (check one): Phone _____ Email _____

Phone Number _____

Email _____ (not required unless preferred method of contact)

Applicant Citizenship

Country of Birth: _____

If US, state of birth: _____

Country of Citizenship: _____

Applicant Personal Questions

Have you ever used a maiden/previous name? Yes ____ No ____

What was maiden/previous name? _____

Have you ever used an alias? Yes ____ No ____

What was alias? _____

Is your mailing address the same as your residential address? Yes ____ No ____

Applicant Personal Info

Height: ____ Feet ____ Inches Weight: _____

Eye Color:	Black	Hair Color:	Bald	White
	Blue		Black	Blue
	Brown		Blond or Strawberry	Green
	Gray		Brown	Orange
	Green		Gray	Pink
	Hazel		Red or Auburn	Purple
	Maroon		Sandy	Unknown
	Pink			
	Multicolored			
	Unknown			

Preferred language: _____ Gender: Male ____ Female ____ Race: Asian
Black
Native American
Caucasian/Latino
Unknown

Ethnicity: Hispanic Non-Hispanic Unknown

Applicant Home Address Number _____ Street Name _____

Unit Designator (Apt # **required** if applicable) _____

Country _____ City _____ State _____ Zip Code _____

OASAS Criminal Background Check Unit, Counsel's Office 1450 Western Avenue Albany NY 12203 Fax: 518-485-2335 Email: cbc@oasas.ny.gov	Applicant Consent Form for Fingerprinting for OASAS Criminal Background Check (CBC)	NEW YORK STATE OFFICE OF ALCOHOLISM AND SUBSTANCE ABUSE SERVICES
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Part 1. Applicant Information (Please Print)		
Last Name:	First Name:	MI:
Date of Birth:	Social Security Number:	
Applicant address:	Applicant type:	
Facility/Provider:		

Part 2. Attestation		
<p>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 Office of Alcoholism and Substance Abuse Services (OASAS) to review and evaluate the results of the criminal history information check received by DCJS and FBI. OASAS will provide a summary of NYS criminal history, if any, to the facility or provider agency. A conviction for certain crimes may make me ineligible for employment.</p> <p>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 OASAS sharing with the facility for 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.</p> <p>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.</p> <p>4. I have been advised that I have the right to withdraw my application for employment or volunteer service without prejudice, any time before employment or volunteer service 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.</p> <p>5. I have been advised that the results of the criminal history information check forwarded to OASAS 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.</p> <p>6. I affirm that the fingerprints submitted will be my own and that the information I have provided is true, complete and accurate.</p> <p>7. I certify to the best of my knowledge that I: (check as appropriate)</p> <p style="padding-left: 40px;"> <input type="checkbox"/> have been convicted of a crime in New York State or any other jurisdiction. <input type="checkbox"/> have pending arrest charges. </p> <p>If checked, provide details: _____</p> <p>8. I have been advised that, as part of the criminal history information check, OASAS will check whether I am in the Statewide Central Register Database which is maintained by the Office of Children and Family Services.</p> <p>9. I have been advised that my social security number is being requested so that the provider and/or OASAS 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.</p>		

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:

Fingerprint Applicant Info Sheet

Applicant Name First Name _____ Last Name _____

Applicant Date of Birth _____

Methods of Contact (Include contact information for who should be notified if the applicant needs to be reprinted if there is a problem with the prints. This can be the Authorized Person.)

Preferred Contact Method (check one): Phone _____ Email _____

Phone Number _____

Email _____ (not required unless preferred method of contact)

Applicant Citizenship

Country of Birth: _____

If US, state of birth: _____

Country of Citizenship: _____

Applicant Personal Questions

Have you ever used a maiden/previous name? Yes ___ No ___

What was maiden/previous name? _____

Have you ever used an alias? Yes ___ No ___

What was alias? _____

Is your mailing address the same as your residential address? Yes ___ No ___

Applicant Personal Info

Height: ___ Feet ___ Inches Weight: _____

Eye Color:	Black	Hair Color:	Bald	White
	Blue		Black	Blue
	Brown		Blond or Strawberry	Green
	Gray		Brown	Orange
	Green		Gray	Pink
	Hazel		Red or Auburn	Purple
	Maroon		Sandy	Unknown
	Pink			
	Multicolored			
	Unknown			

Preferred language: _____ Gender: Male ___ Female ___ Race: Asian
Black
Native American
Caucasian/Latino
Unknown

Ethnicity: Hispanic Non-Hispanic Unknown

Applicant Home Address Number _____ Street Name _____

Unit Designator (Apt # **required** if applicable) _____

Country _____ City _____ State _____ Zip Code _____



**Family Service League
Publicity Release Form**

Date _____

I hereby give permission to Family Service League to use, without compensation, my name and/or my child's name, image, video, photograph and/or other media public information I have provided, for use in the agency's public relations publicity, and/or fundraising efforts.

I realize that my photograph and/or description of my work on behalf of or with Family Service League may appear from time to time, in various newspapers, magazines, or other news media.

Signed _____

Name (please print) _____

Address _____

Event _____

Witnessed by _____

Identifier _____