



305 Seventh Avenue, 14<sup>th</sup> Floor • New York, NY 10001 • phone 212-645-3444 • fax 212-477-4663

## SKILLS

I have skills in the following areas (please check all that apply):

- |   |  |  |  |                                     |
|---|--|--|--|-------------------------------------|
| <input type="checkbox"/> Administrative/Office  | <input type="checkbox"/> Desktop publishing  | <input type="checkbox"/> Painting        | <input type="checkbox"/> Spanish           | <input type="checkbox"/> Languages: |
| <input type="checkbox"/> Arts/Crafts            | <input type="checkbox"/> Graphic Design      | <input type="checkbox"/> Performing Arts | <input type="checkbox"/> Teaching/Tutoring |                                     |
| <input type="checkbox"/> Computers/Technology   | <input type="checkbox"/> Murals/Art          | <input type="checkbox"/> Photography     | <input type="checkbox"/> Training          | <input type="checkbox"/> Other:     |
| <input type="checkbox"/> Construction/Carpentry | <input type="checkbox"/> Musical Instruments | <input type="checkbox"/> Public Speaking | <input type="checkbox"/> Video/Film        |                                     |

## ADDITIONAL INFORMATION

The Partnership for the Homeless organizes volunteer programs serving children. We receive government funding and are subject to government regulation, and must ask you to provide the following information. Please respond even if you do not anticipate volunteering with children at the present time. Thank you for your cooperation.

### DECLARATION OF CONVICTIONS OR PENDING OR PRE-TRIAL CRIMINAL ACTIONS

List below any convictions for violations of law (other than traffic violations) in this state or elsewhere, and all currently pending or pretrial agreements anywhere. **If you have no convictions, pending or pre-trial agreements, please check the NONE box.**  NONE

Date of Conviction	Offense	Court & Location	Disposition & Penalty
--------------------	---------	------------------	-----------------------

### CHILD ABUSE AND MALTREATMENT BACKGROUND INFORMATION

1. Are you the subject of an indicated child abuse and maltreatment report on file with the New York Central Registry of Child Abuse and Maltreatment (SRC) or elsewhere?  Yes  No

If yes, please provide date(s), description(s) and explanation(s) of incident(s) – use additional sheets if necessary.

---



---

2. Have you ever been terminated, suspended, or placed on probation, reprimanded or otherwise penalized by an employer for child abuse and/or maltreatment in New York State or elsewhere?  Yes  No

If yes, please provide date(s), description(s) and explanation(s) of incident(s) – use additional sheets if necessary.

---



---

### REFERENCES (please list two)

Name	Address	Phone	Relationship
------	---------	-------	--------------

Name	Address	Phone	Relationship
------	---------	-------	--------------

### WAIVER

I understand that I am a volunteer for The Partnership for the Homeless. I attest that I am physically fit and prepared to volunteer. In consideration of my acceptance as a volunteer, I hereby agree to release, indemnify and hold harmless The Partnership for the Homeless and its agents, affiliates, and sponsors from any and all claims for any and all expenses, personal injury, loss or damages incurred or caused by me during or in connection with my volunteering. I grant full permission for organizers to use photographs, portraits, films and videos of me and quotations made by me in legitimate accounts and promotions of volunteerism and The Partnership for the Homeless.

Signature \_\_\_\_\_

### DECLARATION

I declare that the statements made on this form are accurate and complete to the best of my knowledge. Failure to provide accurate and complete information may result in dismissal.

Signature \_\_\_\_\_

#### OFFICE USE ONLY

Date Entered:

Initials:

OH Date:

Training Date:

Assignment: