



**BOYS & GIRLS CLUB**  
OF THE BELLPORT AREA

## *Volunteer/Work Study Application*

*(Must be at least 18 years of age)*

*Please print or type*

Date: \_\_\_\_\_

Name: Mr. Mrs. Ms. Miss \_\_\_\_\_

Current Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone: (Day) \_\_\_\_\_ (Evening): \_\_\_\_\_ E-Mail: \_\_\_\_\_

Employer: \_\_\_\_\_ Job Title: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Emergency Contact's Phone: \_\_\_\_\_

\*Date of Birth: \_\_\_\_\_ \*Social Security Number: \_\_\_\_\_

Gender: \_\_\_\_\_ Race: \_\_\_\_\_

*\*Items required for background check. The above information is for identification purposes only. The Boys & Girls Club of the Bellport Area is an Equal Opportunity Employer and does not discriminate on the basis of sex, race, religion, age, handicap, or national origin.*

### *Interests and Special Skills*

*(Check all that apply)*

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Art                | <input type="checkbox"/> Special Events  | <input type="checkbox"/> Drop-In Lounge      |
| <input type="checkbox"/> Technology         | <input type="checkbox"/> Health          | <input type="checkbox"/> Special Skills      |
| <input type="checkbox"/> Education/Tutoring | <input type="checkbox"/> Coaching/Sports | (Ex: photography, sign language, web design) |
| <input type="checkbox"/> Other _____        |  |  |

### *Volunteer Preferences*

*(Check all that apply)*

Which age group would you most enjoy working with?

- Kindergarten – 3<sup>rd</sup> Grade       4<sup>th</sup> – 8<sup>th</sup> Grade       9<sup>th</sup> – 12<sup>th</sup> Grade

**Availability**  
*(Check all that apply)*

**Day:**            Mon            Tues            Wed.            Thurs.            Fri.            Sat.

**Times:**        \_\_\_\_\_

**Commitment**

**What time commitment are you willing to make?**

1 to 3 months       3 to 6 months       6 to 12 months       Other: \_\_\_\_\_

Date you can start: \_\_\_\_\_

**Are you at least 18 years of age:**     Yes     No

**References**

Provide the name and telephone number of three references who are not related to you: *(At least one reference should be a present or former employer)*

Name	Telephone	Years Acquainted
_____	_____	_____
_____	_____	_____
_____	_____	_____

I hereby authorize the Boys & Girls Club of the Bellport Area to make an independent investigation of my background, references, character, past employment, education, credit history, criminal or police records, including those maintained by both public and private organizations and all public records for the purpose of confirming the information contained on my application and/or obtaining information which may be material to my qualifications for volunteering now and, if applicable, during the tenure of my service with the organization. I release the Boys & Girls Club of the Bellport Area and any person or entity which provides information pursuant to this authorization, from any and all liabilities, claims or law suits in regards to the information obtained from any and all of the above referenced sources used.

I also hereby authorize the Boys & Girls Club of the Bellport Area, without limitation to copy, publish, exhibit or distribute photographs or video tapes of my volunteer activities for the purpose of reporting or promoting volunteerism. I waive all rights and claims I may have against your organization, and/or its subsidiaries or assignees related to the above photos and videos.

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

Please return completed application to: Judith Petrone, Email: [jbpetrone@yahoo.com](mailto:jbpetrone@yahoo.com), Fax: 917-591-9400  
or by mail to:  
Attention: Judith Petrone  
c/o Boys & Girls Club of the Bellport Area  
471 Atlantic Avenue, Bellport, NY 11713

NEW YORK STATE  
OFFICE OF CHILDREN AND FAMILY SERVICES  
**CRIMINAL CONVICTION STATEMENT**  
CHILD DAY CARE PROGRAMS

**INSTRUCTIONS:**

- ALL people with the roles below must complete and sign this Criminal Conviction Statement regardless of conviction status
- This form is in addition to being fingerprinted
- Please PRINT clearly

PROGRAM NAME: <i>Boys &amp; Girls Club Of The Bellport Area</i>	FACILITY ID NUMBER: <i>730441</i>
PERSON'S NAME:	DATE OF BIRTH (mm/dd/yyyy):

<u>TYPE OF PROGRAM</u>	Family Day Care, Group Family Day Care and Small Day Care Centers	Day Care Center and School-Age Child Care	All Programs
<u>ROLE</u>	<input type="checkbox"/> Provider <input type="checkbox"/> Substitute <input type="checkbox"/> Assistant <input type="checkbox"/> Household Member (GFDC/FDC) (over 18)	<input type="checkbox"/> Director <input type="checkbox"/> Group Teacher <input type="checkbox"/> Assistant Teacher	<input type="checkbox"/> Volunteer <input type="checkbox"/> Employee

**CONVICTION STATEMENT**

Have you previously completed a Conviction Statement?

- NO, this is the first conviction statement I am signing for child day care.
- YES, I have signed a previous conviction statement for child day care and...
- All of the following convictions (if any) were previously reported    OR
- I have added new convictions since the last statement.

**CERTIFICATION**

In accordance with Section 390-b(1)(b) of the Social Services Law, I certify that to the best of my knowledge and belief:

- I HAVE     I HAVE NOT    been convicted of a crime in New York State or other State or Federal court.  
(A crime is a misdemeanor or felony only; this does not include violations. You do not need to disclose crimes that the court designated with a "Youthful Offender" status.)

**RECORD OF ALL CONVICTIONS**

EXAMPLE: Type of Crime	Penal Code Section	Date of Conviction	County or Court of Arraignment
Petit Larceny	155.25	5/1/2013	Albany

Complete the information below and submit with record of conviction or certification of court arraignment. In addition, you may provide written justification on the back of this sheet, explaining why you should be allowed to care for children regardless of any conviction.

<u>Type of Crime</u>	<u>Penal Code Section</u> <i>(if known)</i>	<u>Date of Conviction</u> <i>(mm/dd/yyyy)</i>	<u>County or Court of Arraignment</u>

To the best of my knowledge the information provided above is true and accurate. I understand that my failure to truthfully and accurately state whether I have been convicted of a crime and/or to provide truthful and accurate information concerning the conviction(s) may constitute grounds for dismissal or denial of employment, or suspension, limitation or revocation of the license or registration to provide child care at this site.

SIGNATURE: \_\_\_\_\_ DATE: (mm/dd/yyyy): \_\_\_\_\_

*(continued on reverse side)*



# BACKGROUND VERIFICATION AUTHORIZATION

APPLICANT - PLEASE COMPLETE THE SECTION BELOW & SIGN

(Only Human Resources sees the information below - It is not made available to hiring supervisors or others in the organization. If you are not selected for the position, this form is shredded and not retained in our files.)

NAME (please print): \_\_\_\_\_  
(Last) (First) (Middle)

Maiden or alias Names: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

\*Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ \*\*Sex: \_\_\_\_ \*\*Race: \_\_\_\_

\*NOTE: The above information is required for identification purposes purposes only, and is in no manner used as qualifications for employment. \*\*NOTE: Required for Georgia residents only.

Please list addresses and dates for the past 7 years:

Current \_\_\_\_\_  
Previous \_\_\_\_\_  
Previous \_\_\_\_\_  
Previous \_\_\_\_\_  
Previous \_\_\_\_\_

I hereby authorize Boys & Girls Clubs of the Bellport Area to make an independent investigation of my background, references, character, past employment, education, criminal or police records, including those maintained by both public and private organizations and all public records for the purpose of confirming the information contained on my application and/or obtaining other information which may be material to my qualifications for employment.

I release Boys & Girls Clubs of the Bellport Area and any person or entity which provides information pursuant to this authorization, from any and all liabilities, claims or law suits in regard to the information obtained from any and all of the above referenced sources.

I understand that any offer of employment is contingent on a satisfactory background investigation. I also understand that this form will not be kept in my permanent file if I am employed. I certify that the following is my true and complete legal name and all information contained herein is true and correct to the best of my knowledge.

SIGNATURE:

\*\*\*\*\*

## THIS SPACE FOR HUMAN RESOURCES USE ONLY

FROM: Boys & Girls Clubs of \_\_\_\_\_  
Requester: \_\_\_\_\_  
Phone: ( ) \_\_\_\_\_  
Fax: ( ) \_\_\_\_\_

ACCOUNT NUMBER: \_\_\_\_\_  
Date Requested: \_\_\_\_\_  
Number of pages: \_\_\_\_\_

### PER COMPONENT SELECTION:

- Criminal records -- Search felony criminal records (statewide where available) at all address for 7 years.
- Statewide Repository -- Search statewide database for felony & misdemeanor criminal records (where available).
- National Criminal File Search
- Sexual Offender Database - \*Please note which state(s) you want reported: \_\_\_\_\_
- National Credit File -- Search national credit file for employment.
- Motor Vehicle Record -- DL# \_\_\_\_\_ State \_\_\_\_\_
- Education - Please indicate school on the application, attach application.

**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, indicate NONE on the line below "Maiden/Alias".
- 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 of residence. If the applicant has spent time in the military, list base names and locations along with dates. 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://www.ocfs.state.ny.us/main/forms/cps/> and mail the completed OCFS-4627 Request for Forms and Publications, to: THE OFFICE OF CHILDREN AND FAMILY SERVICES, RESOURCE DISTRIBUTION CENTER, 11 FOURTH AVE, RENSSELAER, NY 12144.

## 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 with your licensing agency. If you need assistance, email: [ocfs.sm.conn\\_app@ocfs.state.ny.us](mailto:ocfs.sm.conn_app@ocfs.state.ny.us)

### CLEARANCE CATEGORIES

Record the appropriate category.

- F - Prospective/new employees other than day care employees. (fee required - see below)\*
- D - Prospective employees (Local DSS district - bill against reimbursement)\*\*
- Y - Prospective Day Care employee
- Y - Provider of goods/services
- Y - Applying to be a group family day care assistant.
- Q - Applying to be group family day care provider.
- Z - Prospective volunteer/consultant.
- X - Applying to be adoptive parents pursuant to an application pending before the Inquiring agency.
- W - Applying to be foster parents or family care home providers.
- R - Applying to be kinship foster parents.
- P - Applying to be family day care provider.
- N - Applying for a license to operate a day care center. (To be submitted by authorized licensing agency only.)
- M - Director of a summer camp, overnight camp, day camp or traveling day camp.
- E - Current employee.

### 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).

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**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 NO OTHER HOUSEHOLD MEMBERS, record NONE on line below MAIDEN/ALIAS.

\*Social Service Law 424-a requires the collection of fees 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 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 424-a, allows local DSS to bill against their reimbursement the charge collected for screening prospective employees.

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, Attention: Service Center Unit  
ALBANY, N.Y. 12204-0480

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### 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://www.ocfs.state.ny.us/main/forms/cps/> and mail the completed OCFS-4627 Request for Forms and Publications, to:

THE OFFICE OF CHILDREN AND FAMILY SERVICES, RESOURCE DISTRIBUTION CENTER, 11 FOURTH AVE, RENSSELAER, NY 12144. If you have difficulty accessing a form on either site, you can call the automated forms hotline at 518-473-0971.

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

<b>SCR USE ONLY</b>
REQUEST ID: _____

**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): (    )    -
<b>PRINT BELOW THE ADDRESS ASSOCIATED WITH YOUR RID/CCFS NUMBER:</b>			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.  <b><u>FOR ALL CATEGORIES:</u></b> Complete the following for yourself, your spouse, your children and any other person(s) in your home at the present time. <b>MAKE SURE YOU COMPLETE ALL MAIDEN NAME/ALIAS SECTIONS THAT APPLY. IF NONE, STATE "NONE" List RELATIONSHIP in the fields below</b>  (see reverse side for instructions) Attach additional page if necessary.	
AGENCY NAME:				
AGENCY LIAISON:				
STREET ADDRESS:				
CITY:	STATE:	ZIP CODE:		

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
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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
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