



Adults and Children with Learning and Developmental Disabilities, Inc.

Volunteer/Intern Intake Form

AS AN EQUAL OPPORTUNITY EMPLOYER, WE ACTIVELY SUPPORT ALL APPLICABLE FEDERAL, STATE, AND LOCAL LAWS PROHIBITING DISCRIMINATION IN EMPLOYMENT

CONTACT INFORMATION

Last Name	First Name	Middle Name	Date of Application:		
Current Street Address	Apt. No.	City	County	State	Zip Code
Telephone Number(s)- Please include area code					
Cell		Home		E-mail/Other	
Are you over the age of 18? <input type="checkbox"/> Yes <input type="checkbox"/> No		Are you a Student? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If no , please provide current age: _____		If so, is volunteer or internship work required for school? <input type="checkbox"/> Yes <input type="checkbox"/> No			
		If yes, how many hours are required? _____			

PERSONAL HISTORY

How did you hear about our organization? <input type="checkbox"/> Internet <input type="checkbox"/> Advertisement <input type="checkbox"/> State Employment Service <input type="checkbox"/> Employee Referral <input type="checkbox"/> School <input type="checkbox"/> Social Media <input type="checkbox"/> Other
Have you ever held employment, gone to school or have been known under any other name? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes , please indicate (for purposes of verifying the information you have provided on the application):
Are you included in the Justice Center's Vulnerable Persons Central Registry (VPCR) Staff Exclusion List (SEL) as a result of a level one substantiated case of abuse and/or neglect? <input type="checkbox"/> Yes <input type="checkbox"/> No
Have you been the subject of an indicated report of child abuse or maltreatment with the NY State Central Register? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes , please give details:
Have you ever been sanctioned or the subject of any adverse action by a Federal or State law enforcement regulatory agency? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes , please give details:
Have you ever been the subject of adverse action by a duly authorized disciplinary or licensing agency? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes , please give details:

PERSONAL HISTORY -Continued

Can you speak a language other than English? Yes No

If yes, what language and how would you rate your proficiency:

EDUCATIONAL HISTORY

	Name of School	Location	Degree Completed	Course of Study
HIGH SCHOOL				
COLLEGE				
GRADUATE				
OTHER				

REFERENCES

Name	Relationship	Phone Number	Address (complete postal address required)	Years Known

U.S. MILITARY SERVICE

Branch of Service:	Final Rank:	Specialty:

AVAILABILITY

Please indicate the days of the week and times you are available to volunteer or intern

<input type="checkbox"/> Days: _____	Times: _____
<input type="checkbox"/> Evenings: _____	Times: _____
<input type="checkbox"/> Weekends: _____	Times: _____

EMPLOYMENT INFORMATION

Account for all employment including volunteer and internship work beginning with your most recent employment, internship or volunteer work.

Organization Name & Address	Employment Dates	Positions Held & Description of Duties	<input type="checkbox"/> F/T	<input type="checkbox"/> P/T
Organization Name	Date of Hire (MM/YY)			
Street Address	End Date (MM/YY)			
City & State	Zip Code			
Telephone Number				
Name & Title of Immediate Supervisor		Reason for Leaving		
May we contact your present employer at this time? <input type="checkbox"/> Yes <input type="checkbox"/> No		If no, please explain why:		

Organization Name & Address	Employment Dates	Positions Held & Description of Duties	<input type="checkbox"/> F/T	<input type="checkbox"/> P/T
Organization Name	Date of Hire (MM/YY)			
Street Address	End Date (MM/YY)			
City & State	Zip Code			
Telephone Number				
Name & Title of Immediate Supervisor		Reason for Leaving		
May we contact your prior employer at this time? <input type="checkbox"/> Yes <input type="checkbox"/> No		If no, please explain why:		

Organization Name & Address	Employment Dates	Positions Held & Description of Duties	<input type="checkbox"/> F/T	<input type="checkbox"/> P/T
Organization Name	Date of Hire (MM/YY)			
Street Address	End Date (MM/YY)			
City & State	Zip Code			
Telephone Number				
Name & Title of Immediate Supervisor		Reason for Leaving		
May we contact your prior employer at this time? <input type="checkbox"/> Yes <input type="checkbox"/> No		If no, please explain why:		

Please list any professional training, certifications, special skills, licenses, publications or other related items (and explain)

Community Affiliations (clubs, services organizations, etc.)

AREAS OF INTEREST *-Please check all that apply.*

<input type="checkbox"/> Art	<input type="checkbox"/> Music
<input type="checkbox"/> Crafts	<input type="checkbox"/> Reading
<input type="checkbox"/> Gardening	<input type="checkbox"/> Sports
<input type="checkbox"/> Health Services	<input type="checkbox"/> Technology/Media

PLEASE READ CAREFULLY BEFORE SIGNING:

I have read and fully understand the questions asked in this application. I certify that the information contained in this application is true, accurate and complete and understand that any false, inaccurate or erroneous answers, omissions or statements made by me on this application, during an interview or in any other required documents shall be grounds for denial and/or discharge from employment.

I understand that nothing contained in this application, the granting of an interview, any other document, or any representation, either oral or written, by an agent or representative of ACLD, at any time, is intended to create an employment contract between ACLD and myself for either employment or for the providing of any benefit. I understand that ACLD and all plan administrators shall have the maximum discretion permitted by law to interpret, modify, discontinue, enhance or otherwise change any policies, procedures, benefits or other terms and conditions of employment at any time. I also understand that no agent or representative of ACLD, other than the Executive Director, has any authority to deviate from any standard ACLD policy, practice or procedure or to bestow any benefit upon me contrary to the foregoing. I agree that no promises or guarantees are binding upon ACLD unless made in writing and signed by the Executive Director of ACLD and I, in a document that specifically describes its intent to bind.

If employed, I agree to submit to any medical examinations including drug and alcohol screening that may be required as a condition of continued employment. I understand that ACLD is required and authorized by New York State Law to request a check of my criminal history record and to review the results. I understand and acknowledge that I may have to provide information, statements and fingerprints to complete a criminal history record check. I understand and acknowledge that I have the right to obtain, review and seek correction of my criminal history record in accordance with the regulations and procedures of the New York State Division of Criminal Justice Services and the Federal Bureau of Investigation. I further understand that ACLD is also required by law to submit my information to the Justice Center's Vulnerable Persons Central Registry (VPCR) and the State Central Register of Child Abuse and Neglect (SCR).

I understand that if an employment relationship is established, it shall not be for a definite period and my employment can be terminated, for any reason or no reason at all, with or without notice, at any time, at the option of either ACLD or myself. I also agree that in the event of my employment with ACLD, I shall abide by all present and subsequent rules and regulations of ACLD.

I understand that if I am hired to work (or continue to work) in a job that includes regular driving as part of my job, that ACLD will continuously monitor my driving record. I understand that my employment at ACLD is conditional upon my maintaining a valid New York State driver's license. I must promptly inform ACLD if my driver's license is suspended, revoked or limited in any manner. I hereby consent to ACLD obtaining my driver's record and continuously check the status of my driver's record with New York State Department of Motor Vehicles.

-CONTINUED ON NEXT PAGE-

PLEASE READ CAREFULLY BEFORE SIGNING:

VOLUNTEER ACKNOWLEDGEMENT

As a volunteer of our organization I agree to abide by the policies and procedures. I understand that I will be volunteering at my own risk and that the organization, its employees and affiliates, cannot assume any responsibility for any liability for any accident, injury or health problem which may arise from any volunteer work I perform for the organization. I agree that all the work I do is on a volunteer basis and I am not eligible to receive any monetary payment or reward.

I acknowledge that I have read and understand the above statements and hereby grant permission to confirm the information supplied on this application by me.

Signature of Volunteer/Intern

Print Name

Date

Founded in 1957, ACLD is a 501(c)(3), not-for-profit agency whose mission is to provide opportunities to children and adults with autism, learning and developmental disabilities to pursue enviable lives, promote independence and foster supportive relationships within the community. ACLD employs more than 1,200 people and operates more than 100 program sites including community residences and apartment programs across Nassau and Suffolk Counties. Services include early childhood services, day habilitation, residential alternatives, vocational training and job placement, recreation programs, respite, family support services, and occupational, speech and physical therapies.

Once completed, please return to:

Sarah Klaum

Community and Digital Media Relations Manager,

ACLD

[*klaums@aclid.org*](mailto:klaums@aclid.org)

807 S. Oyster Bay Rd.

Bethpage, NY 11714

Questions? Call Sarah at 516-822-0028 ext. 211