



3 Otseningo Street  
Binghamton, NY 13903

607-724-9130  
Fax: 607-724-9148

mail@broomecouncil.net  
www.broomecouncil.net

Broome Bountu

Chaplains' Corps

CHOW  
(Community Hunger  
Outreach Warehouse)

Encounter Program

Faith in Action  
Volunteers

HOPE  
(Help Our People  
In Emergencies)

Hospital Ministry

Jail Ministry

Senior Living Ministry

February 3, 2011

Dear Friends,

It is time to prepare for a great season of wheelchair ramp building with Broome County Council of Churches' **Ramp It Up 2011**. After building 13 ramps in 2009 and another 13 in 2010, we are incredibly excited about the possibilities that 2011 affords us and we hope you share this excitement.

Once again this year we have found it necessary to require a \$100 fee from each congregation and organization planning to participate in **Ramp It Up 2011**. This fee directly contributes to and supports the operation of **Ramp it Up 2011**, including up to three background checks for three of your team mentors. The background checks are valid for three years. Please remember that all adults, 18 years of age or older need to have a background check through Broome County Council of Churches.

The Team Registration and Pastor/Officer Commitment letter needs to be completed with the information you currently have and mailed back to us with your registration fee by April 1, 2011. We understand that you may not have all of your mentors lined up yet so please give us what you can. Please put "RAMP REGISTRATION" in the memo line of your check.

When you do have your adult participants committed, have them complete the Authorization For Background Investigation and Volunteer Registration and Volunteer Liability Release Form, and return them to us for processing by April 1, 2011. If you have more than three adults participating, please include a check for \$7.00 for each additional background check, with BACKGROUND CHECK on the memo line.

We will also need a Volunteer Registration and Volunteer Liability Release Form filled out for each youth participating in this program. Be sure to have the parent or guardian for each youth complete these forms and return to us by April 1, 2011. Remember – all youth taking part in **Ramp It Up 2011** must be 13 years of age or older.

2011 is going to be an amazing year. Let's all work together to set people free.

Sincerely,

Greg Jenkins  
Program Director  
607-724-9130 ex. 323



Broome County Council of Churches  
3 Otsenigo St, Binghamton, NY 13903  
Phone: (607) 724-9130 Fax: (607) 724-9148  
HTmail@broomecouncil.net

**Youth Mentor Initiative**  
Wheel Chair Ramp Project  
**TEAM REGISTRATION 2011**

**NOTE: All youth must be 13 years of age or older. Registration deadline: 4/1/11**

**\* Denotes required field**

**Youth Group Participant:**

\*Congregation Name: \_\_\_\_\_ \* Pastor/Officer: \_\_\_\_\_

\*Address: \_\_\_\_\_

\*E-mail: \_\_\_\_\_

\*Phone: (work) \_\_\_\_\_ (home): \_\_\_\_\_ (cell): \_\_\_\_\_

\*Estimated number of youth to participate: \_\_\_\_\_

**Mentor(s) – please print:**

***We strongly encourage you to solicit at least one member from your congregation or group with carpentry skills***

1. Name: \_\_\_\_\_ Phone: (\_\_\_\_\_) \_\_\_\_\_

Cell: (\_\_\_\_\_) \_\_\_\_\_ e-mail: \_\_\_\_\_

Carpentry skill level:  Professional  Semi-professional  
 Amateur with some experience  No skill

2. Name: \_\_\_\_\_ Phone: (\_\_\_\_\_) \_\_\_\_\_

Cell: (\_\_\_\_\_) \_\_\_\_\_ e-mail: \_\_\_\_\_

Carpentry skill level:  Professional  Semi-professional  
 Amateur with some experience  No skill

3. Name: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Cell: (\_\_\_\_) \_\_\_\_\_ e-mail: \_\_\_\_\_

Carpentry skill level:  Professional  Semi-professional  
 Amateur with some experience  No skill

Projects require two days. Work will be done on weekends in June through August 2011.

Please provide 3 *preferred* weekends: (1) \_\_\_\_\_ (2) \_\_\_\_\_ (3) \_\_\_\_\_  
*Broome County Council of Churches will try to accommodate, but cannot guarantee your preferred weekends*

Number of projects willing to help with during the 2011 season: \_\_\_\_\_

I am willing to up to drive \_\_\_\_\_ miles to the project work site. *(Please keep in mind this is a county wide program)*

**Pastor/Officer Letter of Commitment 2011**



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I \_\_\_\_\_ being  
the \_\_\_\_\_  
*Name of Officer* *Title of Office*

Of the \_\_\_\_\_  
*Name of Group/Congregation or Organization*

**Agree to and understand that the conduct, behavior and actions of any adult brought by or allowed by our Group, Congregation or Organization to be on the premises of our assigned Ramp It Up worksite is the sole responsibility of myself and our above mentioned Group, Congregation and Organization. I understand further that the Broome County Council of Churches has required a complete criminal background check performed by Broome County Council of Churches of all adult participants over the age of eighteen and that any and all individuals on the worksite over that age who have not been background checked are onsite without permission or awareness of Broome County Council of Churches.**

**Team Participation Fee:**

Broome County Council of Churches' Ramp it Up program requires a participation fee of \$100. This fee directly contributes to and supports the operation of Ramp it Up, including up to three background checks for your team mentors.

**Please make checks payable to: Broome County Council of Churches  
Memo: "Ramp Team Reg"**

**Signed:** \_\_\_\_\_  
*Name of Officer*

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

# VOLUNTEER REGISTRATION

Thank you for expressing interest in volunteering at the Broome County Council of Churches. Please complete the following form to help us match you with our programs and events.

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\_\_\_\_\_  
Printed first and last name

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
E-Mail

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City, State and Zip Code

Will you be working with a group or organization?

Please check one:    YES    NO

**Please print the name of the group of organization if it applies:**

\_\_\_\_\_  
Check all program that are of interest to you:

CHOW   Faith in Action Volunteers   Jail Ministry   Hospital Ministry   Healthier Lifestyle  
Mentoring   CHOW Farm   Senior Living Ministry   Wheelchair Ramp Program  
Other \_\_\_\_\_

**Which days of the week are you able to volunteer?**

Monday   Tuesday   Wednesday   Thursday   Friday   Saturday   Sunday

**Which hours are you most likely able to work?**

Daytime – AM Hours    Daytime – PM Hours    Evening Hours

**What skills do you have?**

Driving   Construction   Inventory   Cleaning   Computer skills   Clerical   Visiting   Accounting  
Groundskeeping   Gardening   Community organization  
OTHER \_\_\_\_\_

Will you need a certificate verifying your hours?   YES    NO

How many hours do you need to serve? \_\_\_\_\_

What are your special interests or talents? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Send registration form to: Broome County Council of Churches, 3 Otseningo St, Binghamton, NY 13903

Staff: Please give a copy of this information to Barbara or Rosemarie. Thank you.

## Volunteer Liability Release Form

I would like to volunteer for the Broome County Council of Churches Inc. I understand that I am responsible for my own medical insurance and will not hold Broome County Council of Churches Inc. liable for any injury or damage to myself, or my property, while volunteering at the Broome County Council of Churches.

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TITLE	PRINTED NAME OF VOLUNTEER	EMAIL ADDRESS	PHONE NUMBER
ADDRESS	CITY, STATE, ZIP		
DATE OF BIRTH	LAST 4 DIGITS OF SS#	PROGRAM (CHOW, FIAV, JAIL, HOSPITAL,..)	GROUP AFFILIATION (if any)
DATE	VOLUNTEER'S SIGNATURE		

**MAY WE USE PHOTOGRAPHS AND/OR VIDEO THAT WE MAY HAVE OF YOU WHILE YOU WERE VOLUNTEERING FOR THE BROOME COUNTY COUNCIL OF CHURCHES FOR PROMOTIONAL PURPOSES? (CIRCLE ONE) YES / NO**

### EMERGENCY CONTACT INFORMATION

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ANY KNOWN ALLERGIES	EMERGENCY CONTACT NAME	PHONE NUMBERS
ADDRESS	CITY, STATE, ZIP	

#### PARENTAL CONSENT (If participant is under the age of 18)

I give permission for my child to serve as a volunteer for the Broome County Council of Churches. In the event my child requires any medical care while serving with the Council, and I am unavailable, \_\_\_\_\_ (PARENT/GUARDIAN WHO IS AUTHORIZED TO CONSENT TO MEDICAL CARE OF THIS MINOR), authorizes any doctor or hospital to provide such treatment as that individual determines would be appropriate to care for the condition with which the minor presents to said doctor or hospital. The Broome County Council of Churches shall not be liable for any health care, which its representative authorizes, as long as such care is recommended by the hospital or the doctor.

I understand that I am responsible for this minor's own medical insurance and will not hold the Broome County Council of Churches Inc., or any of its agents, liable for any injury or damage to this minor while volunteering for the Council.

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PRINTED NAME OF PARENT/GUARDIAN	RELATIONSHIP TO MINOR	PHONE NUMBERS
ADDRESS	CITY, STATE, ZIP	
INSURANCE COMPANY	POLICY NUMBER	

DOES THIS MINOR HAVE ANY PHYSICAL LIMITATION THAT WE NEED TO BE AWARE OF? (USE REVERSE SIDE IF NEEDED)

PLEASE LIST ABOVE ANY ALLERGIES OR MEDICATIONS YOUR CHILD HAS (USE REVERSE SIDE IF NEEDED)

**I GIVE PERMISSION FOR ABOVE NAMED MINOR TO USE POWER DRILLS: (CIRCLE ONE) YES NO**

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DATE	PARENT/GUARDIAN SIGNATURE	<i>Form updated 8-9-10 sh</i>
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## **Disclosure Regarding Background Investigation**

**Organization (Broome County Council of Churches ) will procure a consumer report and/or investigative consumer report on you for the limited purpose of evaluating you for a position with Organization. MyBackgroundCheck.com. ("MBC") an affiliate of Pre-employ.com, Inc., or any agent of MBC, will obtain the report for Client. MyBackgroundCheck.com is located at 2301 Balls Ferry Road, Anderson, California 96007 and can be reached at 800-503-2364.**

**The report will contain any written, oral, or other communication of any information by a consumer reporting agency bearing on your character, general reputation, personal characteristics, or mode of living which is used or expected to be used or collected in whole or in part for the purpose of serving as a factor in establishing your eligibility for (A) employment purposes; or (B) any other purpose authorized under section 604 of the Fair Credit Reporting Act. The types of information that may be obtained include, but are not limited to: social security number verification, criminal records checks, public court records checks, driving records checks, educational records checks, verification of employment positions held, personal and professional references checks, licensing and certification checks, etc. The information contained in the report will be obtained from private and/or public record sources, including sources identified by you or through interviews or correspondence with your current or former employers or educational institutions. You understand that while the information contained in the report or reports provided has been obtained by various third parties from public record data sources deemed reliable, their accuracy cannot be guaranteed due to potential human error in the actual recording or retrieval of the record.**

**The nature and scope of this disclosure and authorization is all-encompassing, however, allowing Client to obtain from any outside organization all manner of consumer reports and/or investigative consumer reports now and, if you are granted a position, throughout the course of your employment or volunteer service to the extent permitted by law. As a result, you should carefully consider whether to exercise your right to request disclosure of the nature and scope of any investigative consumer report.**

**You are entitled to request more information about the nature and scope of such reports by submitting a written request to: MyBackgroundCheck.com, Compliance Department, P.O. Box 491570, Redding, Ca. 96049 or by fax to 800-503-2371.**

**I understand that I have specific prescribed rights as a consumer under the federal Fair Credit Reporting Act ("FCRA") and may have additional rights under relevant state laws. Client is furnishing you with a "SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT" in a form prescribed by the Federal Trade Commission**

### **ADDITIONAL STATE LAW NOTICES**

If you live or are applying for a job in the state of California, Maine or New York, please review these additional notices:

**CALIFORNIA:** Under California Civil Code section 1786.22, you are entitled to find out from MBC what is in Clients file on you with proper identification, as follows:

1. In person, by visual inspection of your file during normal business hours and on reasonable notice. You also may request a copy of the information in person. MBC may not charge you more than the actual copying costs for providing you with a copy of your file.

2. A summary of all information contained in MBC's file on you that is required to be provided by the California Civil Code will be provided to you via telephone, if you have made a written request for telephone disclosure and provided proper identification and the toll charge, if any, for the telephone call is prepaid by or charged directly to you.

3. By requesting a copy be sent to a specified addressee by certified mail. By complying with requests for certified mailings MBC shall not be liable for disclosures to third parties caused by mishandling of mail after such mailings leave its office.

"Proper Identification" includes documents such as a valid driver's license, social security account number, military identification card, and credit cards. Only if you cannot identify yourself with such information may MBC require additional information concerning your employment and personal or family history in order to verify your identity.

MBC will provide trained personnel to explain any information furnished to you and will provide a written explanation of any coded information contained in files maintained on you. This written explanation will be provided whenever a file is provided to you for visual inspection.

**You may be accompanied by one other person of your choosing, who must furnish reasonable identification. MBC may require you to furnish a written statement granting permission to it to discuss your file in such person's presence.**

**MAINE:** You have the right upon request, to be informed of whether an investigative consumer report was requested, and if one was requested, the name and address of the consumer reporting agency furnishing the report. You may request and receive from the Company, within five business days of our receipt of your request, the name, address and telephone number of the nearest unit designated to handle inquiries for the consumer reporting agency issuing an investigative consumer report concerning you. You also have the right, under Maine law, to request and promptly receive from all such consumer reporting agencies copies of any such investigative consumer reports.

**NEW YORK:** You have the right, upon written request, to be informed of whether or not an investigative consumer report was requested. If you request a consumer report, you will be provided with the name and address of the consumer reporting agency furnishing the report. You may inspect and receive a copy of the report by contacting that agency.

**Authorization for Background Investigation**

**I acknowledge receipt of the DISCLOSURE REGARDING BACKGROUND INVESTIGATION and SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT and certify that I have read and understood both of those documents. By my written authorization below, I consent to the release of consumer reports and investigative consumer reports prepared by MyBackgroundCheck.com (MBC), to Client. I understand that if Client accepts me as a volunteer or employee, my consent will apply throughout the duration of my employment or volunteer service unless I revoke or cancel it by sending a signed letter to MyBackgroundCheck.com, Compliance Department, P.O. Box 491570, Redding, California 96049 or faxed to 800-503-2371.**

I understand that, to the extent allowed by law, information contained in my application or otherwise disclosed by me before, during or after my volunteer tenure, if any, may be utilized for the purpose of obtaining consumer reports or investigative consumer reports. Further, I hereby authorize MBC or any agent of MBC to contact any and all third parties, corporations, businesses, former employers, all government agencies, educational institutions, motor vehicle records agencies, law enforcement agencies, city, state, county, and federal courts, and military services. I also authorize the disclosure and release to MBC or any agent of MBC information concerning my employment history, education, motor vehicle history and standing, criminal history, and all other information deemed relevant by MBC to MBC or any agent of MBC by former employers; learning institutions, including colleges and universities; all government agencies; law enforcement agencies; federal, state and local courts; the military; and, motor vehicle records agencies. Furthermore, I release and hold harmless from all liability any past or present employers, educational institutions, and any other persons giving references free of liability for the exchange of this information and any other reasonable and necessary information incident to the volunteering process. I understand that a background check will be obtained per my instructions at MyBackgroundCheck.com .

I specifically understand that it is necessary for me to provide my social security number and date of birth to Client and MBC or any agent of MBC in order to conduct a background check on me. I hereby authorize Client and MBC or any agent of MBC to use my social security number and date of birth for the sole purpose of conducting a background check for Client in connection with my application for a volunteer or employment position.

For residents of, or for jobs located in California, Minnesota and Oklahoma only: **Please check this box if you would like to receive a copy of your consumer report.**

**I request a free copy of my consumer report**

You may obtain information or copies from Clients investigative report file at any time prior to your receipt of such copies, to the extent available, by contacting **MyBackgroundCheck.com, Compliance Department, P.O. Box 491570, Redding, California 96049 or by a toll free fax number at 800-503-2371.**

This Disclosure and Authorization statement above, in the original, copy, or electronic form, is valid now and through the period of time Client considers my application for volunteer service or an employment position and/or the duration of my service with Client. I agree with all of the provisions contained herein and by applying my signature below, it is my intent to be bound by the above Disclosure and Authorization statement.

Occasionally, MyBackgroundCheck.com and/ or its partners send information on identity theft protection, and other related products or services.

I DO \_\_\_\_ or I DO NOT \_\_\_\_ wish to receive this information via email or mail.

Signature: \_\_\_\_\_

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

**The following information is for identification purposes only. Please print clearly in Black Ink!**

**Name:** Last

First

Middle

List all other names used in the last 7 years:

**Date of Birth:**

**Social Security Number:**

Drivers License Number:

State issued:

Current Address:

City:

State:

Zip: