

Volunteer Application



Contact Information

Name _____

Street Address _____

City, ST, Zip Code _____

Home Phone _____

Work/Cell Phone _____

E-Mail Address _____

Availability

During which hours are you available for volunteer assignments?

_____ Weekday mornings _____ Weekend mornings
_____ Weekday afternoons _____ Weekend afternoons
_____ Weekday evenings _____ Weekend evenings

Interests

Tell us in which areas you are interested in volunteering

_____ Administration
_____ Classroom
_____ Events
_____ Field Work
_____ Fundraising
_____ Deliveries
_____ Phone bank
_____ Newsletter production
_____ Volunteer coordination

Special Skills or Qualifications

Summarize special skills and qualifications you have acquired from employment, previous volunteer work, or through other activities, including hobbies or sports.

Previous Volunteer Experience

Summarize your previous volunteer experience.

Person to Notify in Case of Emergency

Name _____

Street Address _____

City, ST, Zip Code _____

Home Phone _____

Work/Cell Phone _____

Agreement and Signature

By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if I am accepted as a volunteer, any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal.

Name (Printed) _____

Signature _____

Date _____

Our Policy

It is the policy of this organization to provide equal opportunities without regard to race, color, religion, national origin, gender, sexual preference, age or disability.

Thank you for completing this application form and for your interest in volunteering with us.

Please submit your application to the District Office: 44 Center St., St. Johnsville, NY 13452