



For office use only:
Center: _____
Active? Y N

VOLUNTEER PROGRAM APPLICATION

Date: _____

PERSONAL DATA

Center Preference _____

Social Security Number: _____ circle one: Volunteer Intern

Name _____ Male _____ Female _____

Address _____ City _____ State _____ Zip _____

Phone# (Day) (____) _____ (Evening) (____) _____

Occupation _____ Do you have a valid driver's license? Y N

Date of Birth _____

In case of emergency notify: _____ Phone# _____

VOLUNTEER INFORMATION

List specific areas of tasks for which you would be interested in volunteering _____

Briefly describe any skills or experiences that would assist you in the areas of your interest (attach additional sheets if necessary) _____

Volunteer term desired: Long-term _____ Short-term _____ Either _____

Days and hours available: Weekdays _____ Evenings _____ Weekends _____

List specific days/hours NOT available: _____

Current Certifications: First Aid _____ Type _____ Exp. Date _____

CPR _____ Type _____ Exp. Date _____

Lifesaving _____ Type _____ Exp. Date _____

List any limitations or special accommodations for volunteer work (optional): _____

(CONTINUED ON REVERSE SIDE)

REFERENCES

List three persons not related to you who can judge your qualifications for this position. If you have previous experience as a volunteer, one reference should be from that organization. **Please fill out each reference completely. Address and phone number must be included.**

Name _____ Organization _____
Address _____ City _____ State _____ Zip _____
Phone # (day) _____ (Evening) _____

Name _____ Organization _____
Address _____ City _____ State _____ Zip _____
Phone # (day) _____ (Evening) _____

Name _____ Organization _____
Address _____ City _____ State _____ Zip _____
Phone # (day) _____ (Evening) _____

STATEMENT

Have you ever been convicted of a violation of the law (other than a traffic violation)? YES ___ NO ___

If yes, list violations with dates and penalties: _____

I certify that the above information is correct to the best of my knowledge. I authorize the references to release information regarding me. I understand that falsification or significant omissions of any information may be considered justification for dismissal if discovered at a later date. **I understand that a police background check will be performed.**

Signature _____ Date _____

The city does not discriminate on the basis of handicap status in its programs or employment.

RETURN TO:

Nijay Harris-Henry
57 St. Paul Street
Rochester, New York 14604