



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) \_\_\_\_\_

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**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.

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**RETURN TO:**

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