



INDIVIDUAL VOLUNTEER APPLICATION
(Do not use for Community Service)

NAME: _____

ADDRESS: _____

CITY: _____ **STATE:** _____ **ZIP:** _____

TELEPHONE #: _____ **SS#:** _____

Are you currently attending school? () yes () no

Circle highest grade completed: High School: 9 10 11 12 College: 1 2 3 4

Are you currently Employed? If yes, may we contact your employer? () yes () no

Employer's name: _____ Telephone #: _____

Address: _____

Do you have a valid New York State license? () yes () no

If yes, please provide license #: _____

Do you have any history of medical disabilities? () yes () no

If yes, please explain:

Have you ever volunteered at any other agency? () yes () no

If yes, where and when? _____

Days you are available to volunteer (circle all that apply):

Mon Tues Wed Thurs Fri Sat Sun

Please give 3 (non-related) references, please include name, address, and telephone number:

START DATE: _____

By signing this application you are confirming that all information given is true.

Applicant's Signature

Date