

Volunteer Application

Name _____
Date _____

Address _____ City _____ Zip _____
Home Phone _____ Work Phone _____
Email _____ May we contact you at work? Yes No
Emergency Contact (name, phone #) _____

Type of position interested in:
1. _____
2. _____
3. _____

When are you able to volunteer?
 Days Evenings Weekends

How many hours per week are you willing to volunteer? _____

Have you performed volunteer service before? Yes No

If yes, please list organization(s) and what you did: _____

How did you hear about Community Services? _____

Why do you want to volunteer at Community Services? _____

Have you had any experience with adults or children with developmental disabilities? Yes No

Please explain: _____

What is your current occupation, responsibilities, hours? _____

Describe a personal or work situation where you felt or would feel successful:

Education

	High School	College/University	Graduate School
Name	_____	_____	_____
Address	_____	_____	_____
Years completed	9 10 11 12	1 2 3 4	1 2
Diploma/Degree	_____	_____	_____
Describe course of Study	_____	_____	_____

Describe specialized training, apprenticeship, skills and extra-curricular activities; summarize special skills and qualifications you have acquired from volunteer, employment, or other experience including seminars or workshops completed: _____

Please indicate if you hold any of the following certifications (check all that apply):

First Aid CPR Medication SCIP/R

Please list any additional interests or hobbies: _____

What training, resources, or support do you anticipate needing to complete your volunteer work? _____

What qualities do you feel you have that would enable you to help another person to develop living skills and self-confidence? _____

What skills, training or knowledge do you wish to utilize at Community Services?

Complete and Mail/Fax to the Following:
Community Services, Attn: Volunteer Coordinator, 1179 Kenmore Ave, Kenmore, NY 14217
Fax: (716) 877-1177

Valid Driver's License? Yes No

Character References

List two (2) persons, NOT relatives, who can attest to your personal character:

Name	Address	Occupation	Phone

Volunteer Agreement

I understand that any volunteer service offer may be contingent on successful application verification.

I also agree to undergo any screening if requested by Community Services during the course of my volunteer service.

I understand that I may be subject to and I authorize Child Abuse, Criminal Background, and Driving Abstract checks by Community Services.

I certify answers given herein are true and complete to the best of my knowledge and that I have not withheld any pertinent information.

I authorize investigation of statements contained in this application for volunteer service as may be necessary in arriving at a volunteer service decision, and I release the Agency from any liability and responsibility resulting from such investigation.

In the event of placement, I understand that false or misleading information given on my application or interview(s) may disqualify me from volunteer service. I understand also, that I am required to abide by all rules and regulations of Community Services.

I authorize Community Services to verify any information I have furnished in this application and to contact any references I have including all past/current employers. In doing so, I release Community Services and the reference from any liability in release of this information.

Signature

Date

Witness

Date

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