



Volunteer Application Form

Department of Volunteer Services
 10 Healthy Way Ellenville NY 12428
 (845) 210-3043

Last Name	First Name	Mi	Date of Birth:
			Social Security #:
Home Address	City	State	Zip Code
			Home Phone
Birth Date: Day And Month			Business Phone
Previous Volunteer Experience			Cell Phone
How Did You Hear About Our Volunteer Program?			E-Mail Address
I Am Interested In Volunteering For The Following Reasons:			Foreign Languages Spoken?
In Case Of Emergency Notify:			Phone Number
Do You Have Any Physical Limitations? Be Specific.			Are You A Member Of Our Auxiliary? Yes____ No____
Skills And/Or Hobbies?			Would You Like Info On Joining The Auxiliary?
Day(s) And Time(s) Available:			Available On Weekends?
<p><i>Your signature indicates your approval for us to check references. The Volunteer Services Department is not obligated to provide placement, nor are you obligated to accept the position offered.</i></p> <p><i>Opportunities for volunteers are provided without regard to race, creed, gender, citizenship, ancestry, marital status, national origin, sexual orientation, religion, age or disability.</i></p>			
Signature:			Date:



Application Reference Request

Please provide us with the following information for three references in order to complete our application process. Volunteers should not list direct family members (including parents) as references. References can include prior employers, teachers, clergy and other adults as appropriate.

Name of reference:
Address:
Phone #:
How many years have you known this reference?:
Relationship to reference:

Name of reference:
Address:
Phone #:
How many years have you known this reference?:
Relationship to reference:

Name of reference:
Address:
Phone #:
How many years have you known this reference?:
Relationship to reference: