

VOLUNTEER ALBANY
APPLICATION

Date _____

(Last Name) _____ (First) _____ (Middle Initial) _____

(Home Address) _____ (City/State) _____ (Zip) _____ (Home Phone) _____

(Place of Business/School) _____ (Business/School Address) _____ (Business/School Phone) _____

Email Address: _____

Occupation: _____ Full Time Part time Retired

Sex: M F Birthday: ____/____/____ Age: _____

African-American Asian-American Caucasian Hispanic Indian-American

Other _____

Education (Total Years Completed): _____ Major _____

Do you have any physical limitations? Y N If yes, please list: _____

Please list times you are available to volunteer?

S M T W T F S

What type of transportation do you use? Personal Auto Friend/Relative Public Transportation

Where did you hear about Volunteer Albany? Agency Director Teacher/Professor Friend

Previous Volunteer Newspaper Radio Television Internet Probation Officer

Other: _____

If under 18, parent is to give permission for your participation by signing and dating below.

(Parent Signature) **(Print)** **(Phone #)** **(Date)**

Have ever been convicted of a felony? Y N If yes, please state what the felony was and when:

PLEASE CHECK THE GROUPS WITH WHICH YOU ARE MOST INTERESTED IN WORKING:

CHILDREN _____	PHYSICALLY HANDICAPPED _____
DISADVANTAGED PERSONS _____	PROBATIONERS _____
GENERAL PUBLIC _____	SENIOR CITIZENS _____
JUVENILE OFFENDERS _____	TERMINALLY ILL & FAMILY _____
MENTALLY HANDICAPPED _____	THEATER _____
NURSING HOME RESIDENTS _____	VICTIMS OF ABUSE _____
HOSPITAL PATIENTS _____	YOUNG PEOPLE _____
OTHER: _____	

PLEASE CHECK THE AREAS THAT BEST IDENTIFY YOUR SKILLS:

_____ ACTING	_____ BULLETIN BOARDS	_____ CONSULTING
_____ FOOD SERVICES	_____ HANDYMAN SKILLS*	_____ LIBRARY
_____ MUSIC*	_____ READING	_____ TEACHING/TUTORING
_____ ADVOCACY	_____ CHILDCARE	_____ CRAFTS
_____ FRIENDLY SERVICES	_____ HEALTH SERVICES*	_____ MAKE-UP/HAIR
_____ PHOTOGRAPHY	_____ RECREATION (SPORTS)	_____ OFFICE*
_____ ART/DESIGN	_____ COACHING	
_____ GREETER	_____ HOSPICE	
_____ PUBLIC RELATIONS	_____ SEWING	

*Please specify _____

Would you like to be contacted as special projects arise? Y N

I certify that I am acting under no mental or physical duress and that I willingly assume the risk involved in volunteer work. I understand that VOLUNTEER ALBANY is not responsible for any injuries or damage to me arising out of my acceptance of any referral. I further agree to hold VOLUNTEER ALBANY blameless for any injuries or damage that I might cause to any person or thing as a result of my volunteer work. I further understand that I am not afforded liability insurance for the use of my personal vehicle to transport any person while volunteering with an agency through VOLUNTEER ALBANY.

Signature of Volunteer _____ Date _____

Please list two personal references (not relatives). For **students**, please list a teacher/professor/advisor for one of your references.

_____	_____	_____
Name	Phone#	Date Contacted

_____	_____	_____
Name	Phone#	Date Contacted

_____	_____	_____	_____
Emergency Contact Person	Relationship	Home Phone	Other Phone

For Office Use:

Volunteer Interview Scheduled: _____ Date Volunteer Interview Completed: _____

Volunteer Information Entered: _____