

Application for Volunteers and Interns

Today's Date:

Personal Information

Name: _____ D.O.B. _____

Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____ Email: _____

Why are you interested in volunteering? Personal interest Educational Internship
 Community Service Hours Court ordered Other _____

Age ____ over 18 ____ under 18, with work permit

Have you ever worked or do you currently work for Community Action of Greene County Inc.?

Have you ever received services from Community Action of Greene County?

Do you have a valid driver's license? License # _____ State _____

S.S.# _____

Experience and Education

What is your educational/training background?

What is your employment history?

Have you had any previous experience as a volunteer? If so, with what organizations, and what kind of work did you do?

How do you hope to benefit from this experience?

Availability

Which opportunities do you wish to further explore: Thrift Store

Food Pantry Seasonal Programs Fund Raising Domestic Violence Program

Event Vita Income Tax Preparation Other

How long can you commit to volunteering? One time Occasionally Long Term Not Sure

What days are you available to volunteer? Monday Tuesday Wednesday Thursday

Friday Saturday Sunday

What times are you available? Mornings Afternoons Evenings

Hobbies/interests:

Skills you would like to use while volunteering:

Other languages you speak _____ Basic Conversational Fluent
_____ Basic Conversational Fluent

Do you have any special needs or restrictions we should be aware of?:

Date you can begin service:

Criminal History

All volunteer positions require a Criminal History check. Conviction will not necessarily disqualify you from participating. Have you ever been convicted of a crime in this state or any other jurisdiction? Yes No

If yes, please explain.

If the volunteer position you are seeking involves work with children, the elderly, or individuals with disabilities, have you ever been held accountable for abuse, maltreatment or neglect? Yes No

If yes, please explain.

Have you ever been subjected to a civil protective order for domestic violence or abuse?

Yes No (we ask that you answer this question only if you are volunteering within the domestic violence program) If yes, please explain.

Please describe in 3-5 sentences why you want to be a volunteer or intern at Community Action of Greene County Inc.
Why, at this particular time in your life have you chosen to volunteer with us? What do you hope to gain from being a volunteer?

Community Action of Greene County Inc. considers applicants for internships/volunteering without regard to sex, race, age, religion, national origin, veteran or marital status, or any other legally protected status. We provide reasonable accommodation to qualified individuals with disabilities when it would not be an undue hardship. If you need a reasonable accommodation in the pre-placement process, please contact the Volunteer Coordinator.

AUTHORIZATION AND AGREEMENT BY APPLICANT

1. I certify that the facts set for in this volunteer application are true and complete to the best of my knowledge. I understand that any false statement, omission or misrepresentation in my application or placement interview may result in the rejection of my application or discharge from the volunteer program. As a volunteer/internship applicant I do hereby authorize CAGC inc. to conduct a criminal background check if required.

Signature of Applicant

Date

Parent/Guardian Signature (required if less than 18 years of age) Date

Community Action of Greene County Inc. would like to thank you for expressing interest in volunteering with our agency so that together we can work to achieve progress within our community. We hope to make your volunteer experience as fulfilling as possible. We look forward to the assistance that you can provide to our programs as well as to those we serve.

Please Return This Application To:

Bethany Becker

Volunteer Coordinator

Community Action of Greene County Inc.

7856 Route 9w

Catskill N.Y. 12414

Phone: 518-943-9205

Fax: 518-943-0343

bbecker@CAGCNY.org

Volunteer Reference Check

_____ is applying for a Volunteer/Intern position with Community Action of Greene County Inc. and has listed you as a reference. Please assist us returning this completed form to the Volunteer Coordinator.

Reference:

Name: _____ Title: _____

Affiliation: _____

Please describe your relationship with the applicant and the number of years/months you have been acquainted:

What are some of the applicant's greatest strengths?

What are some of the applicant's greatest challenges?

If applicable, would you recommend this person to volunteer with children, young adults, crime victims, elderly, and/or families in poverty? Yes_____ No_____

Please explain: _____

Please provide a phone number where we can best reach you: _____

Signature _____

Date _____