



## **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 \_\_\_\_\_ \_\_\_under 18, with work permit Age over 18 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?



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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:			



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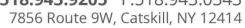
Other languages you speak	Basic Conversational Fluent			
	Basic Conversational Fluent			
Do you have any special needs or	restrictions we should be aware of?:			
Do you have any special needs of	restrictions we should be aware of :.			
Date you can begin service:				
Date you can begin service.				
Criminal History				
All volunteer positions require a C	riminal History check. Conviction will not necessarily disqualify you from participating. Have			
	e in this state or any other jurisdiction? Yes No			
If yes, please explain.				
in yes, preuse empreum				
If the volunteer position you are se	eking 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.				
J , F				
Have you ever been subjected to a civil protective order for domestic violence or abuse?				
Vac No (wa ack that you an	swer this question only if you are volunteering within the domestic violence program) If yes,			
please explain.	swer tills question omy if you are vorunteering within the domestic violence program) if yes,			
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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 preplacement process, please contact the Volunteer Coordinator.



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AUTHORIZATION AND AGREEMENT BY APPLICANT				
<ol> <li>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 statement, omission or misrepresentation in my application or placement interview may result in the rejection of my application discharge from the volunteer program. As a volunteer/internship applicant I do hereby authorize CAGC inc. to conduct a crim background check if required.</li> </ol>				
	Signature of Applicant Date			
	Parent/Guardian Signature (required if less than 18 years of age) Date			
cai the	ommunity Action of Greene County Inc. would like to thank you for expressing interest in volunteering with our agency so that together we in work to achieve progress within our community. We hope to make your volunteer experience as fulfilling as possible. We look forward to exassistance that you can provide to our programs as well as to those we serve.  Lease Return This Application To:			
Volunteer Coordinator				
Community Action of Greene County Inc.				
7856 Route 9w				
Catskill N.Y. 12414				
	Phone: 518-943-9205			
	Fax: 518-943-0343			
	volunteer@cagcny.org			



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## **Volunteer Reference Check**

is applying for a Volunteer/Intern po	sition with Community Action of Greene County Inc. and has listed
you as a reference. Please assist us returning this completed for	
Reference:	
Name: Title	e:
Affiliation:	
What are some of the applicant's greatest strengths?	<u> </u>
What are some of the applicant's greatest challenges?	_
If applicable, would you recommend this person to volunteer w	
•	
Please provide a phone number where we can best reach you: _	
Signature	Date