



502 Court St, Suite 401, Utica, NY 13502
414 N. James St, Rome, NY 13440
205 N. Washington St, Herkimer, NY 13350
www.WhenTheresHelpTheresHope.com

315.733.1709
315.336.3090
315.866.8407
315.733.1789 (fax)

VOLUNTEER APPLICATION

"Volunteers are the only human beings on the face of the earth who reflect this nation's compassion, unselfish caring, patience, and just plain loving one another." ~ Erma Bombeck

Name _____ Email _____

Daytime Phone _____ Evening Phone _____ Cell Phone _____

Address _____

City _____ State _____ Zip _____

Date of Birth _____ Gender: Male Female

Volunteer Interests:

- | | | |
|---|---|--|
| <input type="checkbox"/> Mentoring of Adults | <input type="checkbox"/> Mentoring of Children | <input type="checkbox"/> Prevention / Education in Schools |
| <input type="checkbox"/> Family Peer Services | <input type="checkbox"/> Peer Recovery Services | <input type="checkbox"/> Community Prevention / Education |
| <input type="checkbox"/> Fund Raising Events | <input type="checkbox"/> Speaker's Bureau | <input type="checkbox"/> Recovery Aftercare Programming |
| <input type="checkbox"/> Veteran Services | <input type="checkbox"/> Office work / mailings | <input type="checkbox"/> Senior Citizen Friendships |

Availability:

Mornings Afternoons Evenings Weekdays Weekends

How many hours, on average, are you available to work each week? _____

Special Skills and/or Qualifications:

Special Certifications:

Past Volunteer Experiences:

Agency _____ Staff Contact _____

Agency _____ Staff Contact _____

Agency _____ Staff Contact _____

Are you currently employed? Yes No

If yes:

Employer _____ Position _____

How long? _____ Supervisor _____ Phone _____

Prev. Employer _____ Position _____

How long? _____ Supervisor _____ Phone _____

Have you ever been convicted of any violation of the law except for minor traffic tickets? Yes No

If yes, please give dates and details: _____

Do you have a valid driver's license? Yes No If yes, state and License # _____

Personal References:

Name _____ Phone _____

Address _____ City, State, Zip _____

Name _____ Phone _____

Address _____ City, State, Zip _____

Name _____ Phone _____

Address _____ City, State, Zip _____

I certify that the information provided is true and complete. I authorize the Center for Family Life and Recovery, Inc. to contact employment and personal references listed on this application. I understand that, as a volunteer, I will comply with the policies of the agency and respect confidentiality of all of the agency's clients and consumers. I further understand that submission of this application does not obligate me to accept a volunteer assignment.

Signature of Applicant _____ Date _____