

VOLUNTEER APPLICATION

| SECTION I. | | | |
|--|---------------------------------------|------------------------|--|
| NAME: | | | |
| ADDRESS: | | | |
| CITY, STATE, ZIP | | | |
| PHONE: | | | |
| EMAIL: | | | |
| | | | |
| INTERESTS: Please | tell us in which areas you are intere | ested in volunteering. | |
| Administration | Events | Programs | |
| Projects | Communication | Fundraising | |
| AVAILABILITY: Ple | ase cirlcle all that are applicable | | |
| Mornings (Mon-Fri) | Afternoons (Mon-Fri) | Evenings (Mon-Fri) | |
| Weekends | | | |
| COMMITMENT: How | long do you plan to volunteer? | | |
| ☐ One Time Only | | | |
| □ As Needed□ Other: | | | |

| SECTION II. | | |
|--|--|--|
| PREVIOUS VOLUNTEER EXPERIENCE: | | |
| | | |
| | | |
| | | |
| OCCUPATION: (past occupation if retired) | | |
| | | |
| SPECIAL TALENTS OR SKILLS: | | |
| | | |
| | | |
| | | |
| OTHER HELPFUL INFORMATION: (such as education, general interests or hobbies, etc.) | | |
| | | |
| | | |
| | | |
| LANGUAGES SPOKEN: | | |
| | | |

| SECTION III. | | |
|---------------------|--------------------------|------------------------------------|
| DO YOU HAVE | A VALID (STATE) DRIVER'S | S LICENSE? |
| □ Yes | □ No | |
| HAVE YOU EVE | R BEEN CONVICTED FOR \ | /IOLATION OF ANY LAWS, TRAFFIC OR |
| OTHERWISE? | | |
| □ Yes | □ No | |
| If yes, please expl | ain. | |
| DO YOU HAVE / | ANY PHYSICAL CONDITIO | NS THAT MAY LIMIT YOUR ACTIVITIES? |
| ☐ Yes | □ No | |
| If yes, please exp | ain. | |
| | | |
| | | |
| IN CASE OF EMI | ERGENCY, CONTACT: | |
| Name: | | |
| Relationshin: | | Phone: |

SECTION IV.

PLEASE LIST THREE (3) PERSONS WE MAY CALL WHO ARE NOT FAMILY.

| REFERENCE 1 | |
|--|--|
| Name: | |
| Address: | |
| Relationship: | Phone: |
| REFERENCE 2 | |
| Name: | |
| Address: | |
| Relationship: | Phone: |
| REFERENCE 3 | |
| Name: | |
| Address: | |
| Relationship: | Phone: |
| background check. As a volunteer of the and procedures. I understand that I will and affiliates, cannot assume any respo | references; to contact my employers, past and present; and to conduct of Historic Northeast-Midtown Association I agree to abide by the policies be volunteering at my own risk and that the organization, its employees insibility for any liability for any accident, injury or health problem which rform for the organization. I agree that all the work I do is on an at-will y monetary payment or reward. |
| Signature: | Date: |

Thank you for your interest in volunteering with The Historic Northeast-Midtown Association. We will be in touch soon!