

Today's Date:

Program Name:

**Applicant Information**

Last Name		First		Middle		<input type="checkbox"/> Mr.	<input type="checkbox"/> Miss		
						<input type="checkbox"/> Mrs.	<input type="checkbox"/> Ms.		
Is this your legal name? <input type="checkbox"/> Yes <input type="checkbox"/> No		If not, what is your legal name?		(Former Name)		Sex <input type="checkbox"/> M <input type="checkbox"/> F			
Street Address				Apt. #	Home Telephone ( )		Email Address		
P.O. Box		City			State		ZIP Code		
Occupation		Employer					Work Telephone ( )		
How did you learn about Volunteers of America? <input type="checkbox"/> Family/Friend <input type="checkbox"/> Internet <input type="checkbox"/> Volunteer Referral Service <input type="checkbox"/> Yellow Pages <input type="checkbox"/> Other									
Have you volunteered with us before? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, please explain:									

**Education Information**

<input type="checkbox"/> High School	<input type="checkbox"/> University	<input type="checkbox"/> Graduate School	<input type="checkbox"/> Trade School	<input type="checkbox"/> Other
Please explain other skills, training or education that might be valuable to your volunteer experience here (i.e. languages, hobbies, etc.)				
Why do you wish to volunteer?				
Do you have prior volunteer experience? If yes, please explain:			How many hours a week or month can you commit to volunteering?	
Do you prefer a particular type of volunteer activity? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain:				
Have you ever been convicted of a felony? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain:				

**Emergency Contact**

Name of Local Friend or Relative (not living at same address)	Relationship to Applicant	Home Phone No. ( )	Work Phone No. ( )
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The above information is true to the best of my knowledge. I understand that the information I submit in my application is strictly voluntary.

X

Signature

Please email completed form to [volunteers@voa-gny.org](mailto:volunteers@voa-gny.org) or fax it to (212) 769-2629.  
Appropriate candidates will be contacted accordingly.