



**CENTER FOR
THE DISABLED™**

314 South Manning Boulevard
Albany, New York 12208

APPLICATION FOR VOLUNTEER WORK

Preference:

- Working with people w/ disabilities
- Office Work
- Telephone Work
- Daycare
- Children or Adults
- Other

Availability:

- Monday
- Tuesday
- Wednesday
- Thursday
- Friday
- Saturday

NAME: _____

ADDRESS: _____

PHONE NUMBER: () _____

CURRENT OF MOST RECENT EMPLOYMENT

EMPLOYER: _____

DATES: From: _____ To: _____

SUPERVISOR: _____

PHONE NUMBER: () _____

CURRENT OR MOST RECENT COMMUNITY SERVICE/VOLUNTEER WORK

ORGANIZATION: _____

DATES: From: _____ To: _____

SUPERVISOR: _____

PHONE NUMBER: () _____

ALTERNATIVE REFERENCE

NAME: _____
ADDRESS: _____
RELATIONSHIP: _____
YEARS KNOWN: _____
PHONE NUMBER: () _____

Describe any special skills and /or training you possess, which you feel would benefit our programs:

Do you have any limitations that would prevent you from performing certain tasks?

YES (please explain): _____ NO

Have you ever been convicted of a crime?

YES (please explain): _____ NO

EMERGENCY CONTACT INFORMATION

NAME: _____
RELATIONSHIP: _____
ADDRESS: _____
PHONE NUMBER: () _____

APPLICANT'S STATEMENT OF AGREEMENT

I certify that the information herein is true and complete to the best of my knowledge. I understand that any medical or personal information that I may read or hear regarding Center consumers and or employees as well as monetary supporters is strictly confidential. I will not discuss any such information with others as this would result in my immediate dismissal from the volunteer program.

Applicant's Signature: _____ Date: _____

PLACEMENT INFORMATION
FOR HR USE ONLY

Program: _____ Supervisor: _____
Start Date: _____ Schedule: _____

