



General Volunteer Application

GENERAL INFORMATION			
Name			
Date of Birth (MM/DD/YYYY)			
Address			
City	State	Zip	
Telephone (Day)			
Telephone (Evening)			
Email			
The best way to reach you is via: <input type="checkbox"/> Day Phone <input type="checkbox"/> Email <input type="checkbox"/> Evening Phone			
Please list any languages that you speak, read and/or write fluently, in addition to English:	1.		
	2.		
	3.		
How did you hear about Encore?			

How much time do you have available to volunteer?	How often would you like to volunteer?	What times are you available?
<input type="checkbox"/> Every week <input type="checkbox"/> Specific # of days in a month <input type="checkbox"/> 6 months or over <input type="checkbox"/> Special events only Select the specific days of the week you are available: <input type="checkbox"/> Mon. <input type="checkbox"/> Tues. <input type="checkbox"/> Wed. <input type="checkbox"/> Thurs. <input type="checkbox"/> Fri. <input type="checkbox"/> Sat. <input type="checkbox"/> Sun.	<input type="checkbox"/> Once a week <input type="checkbox"/> Once a month <input type="checkbox"/> Twice a month <input type="checkbox"/> As needed <input type="checkbox"/> Other: <div style="border: 1px solid black; height: 30px; width: 100%;"></div>	<input type="checkbox"/> In the Morning <input type="checkbox"/> In the Afternoon <input type="checkbox"/> After 5PM <input type="checkbox"/> Weekends only <input type="checkbox"/> All day <input type="checkbox"/> Other: <div style="border: 1px solid black; height: 30px; width: 100%;"></div>

AREAS OF INTEREST (please check off volunteer opportunities you may be interested in)			
HOMEBOUND SERVICES	SENIOR CENTER SERVICES	HOUSINGS PROGRAMS <i>(Encore 49 & Encore West)</i>	OTHER
<input type="checkbox"/> Meal Delivery	<input type="checkbox"/> Meal Serving	<input type="checkbox"/> Recreational Activities	<input type="checkbox"/> Fundraising Activities
<input type="checkbox"/> Emergency Driver	<input type="checkbox"/> Health/Wellness Programs	<input type="checkbox"/> Health/Wellness Programs	<input type="checkbox"/> Board Membership
<input type="checkbox"/> Meal Packing	<input type="checkbox"/> Recreation Activities	<input type="checkbox"/> Educational Activities	<input type="checkbox"/> Computer Technology
<input type="checkbox"/> Friendly Visiting <i>(Visit isolated homebound seniors)</i>	<input type="checkbox"/> Educational Classes	<input type="checkbox"/> Special Holiday Events	<input type="checkbox"/> Assistance w/ Publications
<input type="checkbox"/> Telephone Chat <i>(Make friendly calls to isolated seniors)</i>	<input type="checkbox"/> Entertainment	<input type="checkbox"/> Special Monthly Events	<input type="checkbox"/> Assistance w/ Mailings
<input type="checkbox"/> Escort Program <i>(Escort frail seniors to Dr.'s Appt.'s)</i>	<input type="checkbox"/> Special Events/Projects	<input type="checkbox"/> Office Admin. Work	<input type="checkbox"/> Clerical Assistance
Other (Specify):			

BACKGROUND INFORMATION

Occupation:		Employer/School:	
Business/School Address:			
	City	State	Zip
Length of time employed:	Level of education: <input type="checkbox"/> HS <input type="checkbox"/> AA <input type="checkbox"/> BA <input type="checkbox"/> MA <input type="checkbox"/> other:		
	Degree:		

VOLUNTEER EXPERIENCE
(Please list any prior volunteer experience with approximate duties)

1.	Organization:		Address:	
	Dates of Service:		Duties:	
2.	Organization:		Address:	
	Dates of Service:		Duties:	

SKILLS & HOBBIES
(Please list special skills, talents, hobbies, or interests that could be helpful)

1.		5.	
2.		6.	
3.		7.	
4.		8.	

REFERENCES: (Non Relatives Only)

1.	Name:		Relationship:		Phone#:	
2.	Name:		Relationship:		Phone#:	

EMERGENCY CONTACT

1.	Name:		Relationship:		Phone#:	
2.	Name:		Relationship:		Phone#:	

LEGAL GUARDIAN: (For Applicants under 18)

Name:		Relationship:		Phone#:	
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Background Check

Due to the specific needs of some senior clients, Encore reserves the right to perform background checks on those volunteers whose roles may require them to enter homes and/or accompany or assist a senior with personal business.

Statement of Understanding

I, _____, certify that the information provided in this Application is true and accurate. I understand that the withholding of any information sought by this Application, or the giving of false information on this Application may result in my disqualification from consideration for volunteer service for Encore Community Services or, if discovered after I have begun volunteering at Encore Community Services ("Encore"), my termination as a volunteer at Encore.

I hereby grant permission to any person, firm or corporation to release to Encore or its representatives any and all information regarding my past volunteer work or employment and my background. I waive any and all claims I might have with respect to the providing of such information. I understand and agree that my position at Encore is entirely voluntary and without compensation. I further understand that the provisions of this application do not constitute a contract (either expressed or implied) of employment between Encore and me. I further understand and agree that if I am offered and accept a volunteer position at Encore, either I or Encore may terminate the volunteer relationship at any time for any reason. Encore reserves the right to determine and change its policies and procedures applicable to volunteers at any time for any reason. I understand and agree that my volunteer position is contingent upon, among other things, my signing this waiver.

I HAVE READ THE ABOVE PRIOR TO SIGNING THIS APPLICATION.

_____ / ____ / _____	_____
Date	Signature (Legal Guardian's Signature for Applicant's Under 18)

For more information, or to submit your application by mail or email, please contact: Jennifer Asquino
 Manager of Community Partnerships
 239 West 49th Street
 New York, NY 10019
 Phone: 212 581-2910 Ext. 1108
 Email: Jasquino@encorenyc.org