



17 Rosa Road, Schenectady, NY 12308
Volunteer Application

Date _____ Birthday ____/____/____

Last Name _____ First Name _____ M.I. _____

Address _____ City _____ State _____ Zip _____

Home phone _____ Work phone _____ Cell phone _____

Please check your preferred contact number. Email _____

Emergency Contact _____ Phone Number _____

Occupation _____ Place of Employment _____

Why would you like to volunteer for Jack's Place? _____

How did you hear about Jack's Place? _____

Check any of the volunteer opportunities you are interested in:

- | | |
|---|---|
| <input type="checkbox"/> In House Volunteer | <input type="checkbox"/> Fundraising/Special Events |
| <input type="checkbox"/> Housekeeping | <input type="checkbox"/> Marketing |
| <input type="checkbox"/> Office/Computer | <input type="checkbox"/> Cooking/Baking (In-House) |
| <input type="checkbox"/> House Newsletter | <input type="checkbox"/> ANY OTHERS |

Weekdays Available _____ Times _____

Weekend Days Available _____ Times _____

How often would you like to volunteer? Weekly Every Other Week Once A Month

Are there any specific skills or knowledge that you would like to share?

Previous Volunteer Experience _____

Please return completed application to:

Jack's Place

Volunteer Opportunities

17 Rosa Road, Schenectady, NY 12308

-Over-

Employment History

Current or most recent employer

Company Name _____ Phone _____

Supervisor _____ Job Title _____

Dates of Employment From _____ To _____ Reason for Leaving _____

Previous employer

Company Name _____ Phone _____

Supervisor _____ Job title _____

Dates of Employment From _____ To _____ Reason for Leaving _____

References

Please provide two references, one professional and one personal from a non-relative.

Name _____ Relationship to you _____

Address _____ City _____ State _____ Zip _____

Phones _____ / _____ Email _____

Name _____ Relationship to you _____

Address _____ City _____ State _____ Zip _____

Phones _____ / _____ Email _____

Have you ever been convicted of a crime? Yes No If yes, please explain:

Are you currently under the care of a medical/mental health professional? (This includes drug or alcohol rehabilitation programs.) Yes No If yes, please explain:

I certify that the information in this application is accurate and complete. I understand that inquiries will be made regarding my background and experience.

Volunteer Applicant Signature _____ **Date** _____

Jack's Place considers the safety of our guests and volunteers a priority. A cost of approximately \$39.95 is incurred for each official background check. Your gift to defray this cost is welcome, but is not required.