



**VOLUNTEER APPLICATION**

**Name:** \_\_\_\_\_

**F:** \_\_\_\_\_ **M:** \_\_\_\_\_ **Age:** \_\_\_\_\_

**E-mail:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Home Phone:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

**Cell Phone:** \_\_\_\_\_

**Company:** \_\_\_\_\_

**Occupation:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**How long?** \_\_\_\_\_

\_\_\_\_\_

**Work Phone:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

**Fluent in:** English: \_\_\_\_\_ Spanish: \_\_\_\_\_ Other: \_\_\_\_\_

**Skills:** \_\_\_\_\_

**I'm interested in working with/in (check all that apply):**

Children:\_\_\_ Women:\_\_\_ Prison:\_\_\_ Office\_\_\_ Thrift Shop:\_\_\_ FoodPantry\_\_\_

Other:\_\_\_\_\_

**Areas of Interest (check all that apply):**

\_\_\_ Advocate      \_\_\_ Child Care      \_\_\_ Clerical      \_\_\_ Customer Service  
\_\_\_ Group Facilitator      \_\_\_ Handy Work      \_\_\_ House Care      \_\_\_ Mentor/Big Sister/Big Brother  
\_\_\_ Pick-ups      \_\_\_ Transportation      \_\_\_ Tutoring      \_\_\_ Other:\_\_\_\_\_

**Previous Volunteer Experience:**

Where?	Volunteer for?	How long?
_____	_____	_____
_____	_____	_____
_____	_____	_____

**How did you hear about Hour Children?** \_\_\_\_\_

**How do you see yourself using your gifts and talents with Hour Children?** \_\_\_\_\_

**Available Days:** \_\_\_\_\_ **Time:** \_\_\_\_\_

**References (2) (Not relatives):**

<b>Name:</b> _____	<b>Name:</b> _____
<b>Address:</b> _____	<b>Address:</b> _____
_____	_____
<b>Phone:</b> _____	<b>Phone:</b> _____
<b>Relationship:</b> _____	<b>Relationship:</b> _____

**Emergency Contact:** Name \_\_\_\_\_ Phone # \_\_\_\_\_  
Relationship: \_\_\_\_\_

**HOUR CHILDREN**



***Volunteer Program***

36 – 11 A 12 Street  
Long Island City, NY 11106  
P: (718) 433 – 4724  
F: (718) 433 – 4728