# Volunteer Application 2017

## I. Contact Information

| Name: ______________________________________________________ | Application Date: ____________ |
| Address: ____________________________________________________ | Home Phone: ________________ |
| ____________________________________________________________ | Cell Phone: ________________ |
| E-mail: ____________________________________________________ | Date of Birth: ______________ |
| Emergency Contact:__________________________________________ | Phone: ____________________ |
| Name: ___________________________________________ | Relationship: ______________ |

**Are you fulfilling a community service requirement?** □ Yes □ No

If yes, **reason for service:** □ School □ Religion □ Court □ Other (please explain): __________________________

Number of Hours: _____ Completion Date: _____ Name of school/org/agency/court: __________________________

Address & Phone: ____________________________________________________________

## Youth Applicants (Age 14 and up):

* If you are under age 18, a parent/legal guardian must also sign your application.
* Youth under the age of 14 are invited to participate in a food drive or other service project.

## Court Mandated Community Service:

* Must attach copy of court document indicating required service, and court contact information.
* 2 References required (p. 3)
* Court mandated community service at People to People is available once only per person.

## Have you volunteered at People to People before?** □ Yes □ No

If yes, please give approximate date(s) and reason for prior service: __________________________

## Are you currently, or have you ever been a People to People client? □ Yes □ No

## Have you ever been convicted of a criminal offense? □ Yes □ No

If yes, please explain: __________________________________________________________

## Do you have any medical/physical limitations that might affect your volunteer placement? □ Yes □ No

If yes, please describe: __________________________________________________________

## Are you able to lift items (up to 40 lbs.) in the Food Pantry? □ Yes □ No

## How did you hear about People to People?

1 (please turn over)
II. Check all volunteer opportunities that may be of interest:

Pantry:
☐ Bagging groceries
☐ Stocking shelves
☐ Sorting produce
☐ Inventory
☐ Cleaning
☐ Loading/Unloading deliveries
   (requires ability to lift up to 40 lbs.)
☐ Folding/Hanging clothes
☐ Serving food bags to clients

Office:
☐ Computer, data entry
☐ Filing
☐ Mailings
☐ Photocopying
☐ Shredding
☐ Phones
☐ Front Desk/Client Services

Other:
☐ Fundraising
☐ Food Drives
☐ Event Planning
☐ Driving for Food Pickups
☐ Special Events (offsite)
☐ Facility Maintenance/Repairs

Seasonal Programs:
☐ Project Joy (Dec)
☐ Back to School (July/Aug)

Availability (check all that apply):

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<th>Monday</th>
<th>Tuesday</th>
<th>Wednesday</th>
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<td>Students</td>
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<td>3:00-5:00 pm</td>
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III. Background and Skills

Please help us match your skills with our needs by filling out the information below:

Employment/School (check all that apply):

☐ I am currently employed  ☐ Full Time ☐ Part Time
   Employer Name and Address: ________________________________
   Current Position: ________________________________ How long have you been employed here? ______
   Supervisor Name/Number: ________________________________ May we call this person about you? ☐ Yes ☐ No

☐ I am retired
   Former Employer Name and Address: ________________________________
   Last Position: ________________________________ Number of years employed there: ______

☐ I am a student (Check one box and fill out appropriate information)
   ☐ Elementary ☐ Middle ☐ Jr. High ☐ High School

☐ College/Graduate School Name and Address:
   ________________________________

Name and Address of School: ________________________________
   ________________________________

Age: ______  Grade: ______  Major: ______  Grad. Date: ______

☐ Other (please explain): ________________________________

Languages Spoken (Check all that apply):

☐ English  ☐ Spanish  ☐ Creole  ☐ French  ☐ Other(s): ________________________________

Please describe any other skills that you feel may be relevant to volunteering at People to People:

____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________

__________________________________________________________
IV. Volunteer Experience

Have you ever volunteered anywhere else? ☐Yes ☐No
If yes, please describe one prior volunteer experience:

- **Agency:** __________________________________________
- **Responsibilities:** __________________________________
- **Supervisor Name and Number:** _______________________

May we call this person about you? ☐Yes ☐No

There are many local organizations that rely on volunteers, and we appreciate that you have chosen us. Please explain your reasons for wishing to serve at People to People:

_____________________________________________________

Do you think volunteering in the local community should be required by all schools and employers? Why or why not?

_____________________________________________________

Would you like to be notified of future volunteer opportunities by email? ☐Yes ☐No

V. References (Required for all applicants including youth)

Please select 2 people as references who know you well and are familiar with your professional, educational, or community service background. Do not select relatives, friends, classmates or coworkers.

*Acceptable references are people who have known you in a supervisory capacity such as present/past employers, teachers, coaches, academic advisors, clergy, volunteer supervisors, job coaches, etc.

| 1. Name: ____________________________ | Position: ____________________________ |
| Company/School/Organization Name: __________________________________________ |
| Address: ____________________________ | Phone: _____________________________ |
| __________________________________________ | E-mail: ____________________________ |

| 1. Name: ____________________________ | Position: ____________________________ |
| Company/School/Organization Name: __________________________________________ |
| Address: ____________________________ | Phone: _____________________________ |
| __________________________________________ | E-mail: ____________________________ |
VI. Volunteer Agreement (please initial each item on the line provided)

1) I understand that I volunteer at my own risk and should I be injured or become ill, People to People DOES NOT provide medical insurance coverage to volunteers. ______

2) I understand that any People to People information that I become aware of during the course of volunteering is confidential and may not be disclosed or discussed with others. ______

3) I hereby grant People to People permission to use my photograph for reproduction in promotional material or other media purposes. ______

4) I understand that while volunteering I am considered a representative of People to People and am expected to behave and dress appropriately at all times. I will be courteous and respectful to all staff, volunteers and clients. ______

5) I understand that I must personally sign in and out every time I enter and leave the premises, and that failure to do so will result in loss of hours for that day. ______

6) I understand that the use of cell phones, texting, headphones and all electronic devices is prohibited. ______

7) I have not been a client of People to People within the past year, nor have any of my immediate family members. ______

8) I understand that I must schedule my hours in advance, and inform People to People in a timely manner if I will be unable to serve at my scheduled time. ______

9) I understand that written confirmation of my volunteer hours is available and is valid within two years of service. ______

10) I understand that all donated items in the food pantry, including, but not limited to, food and clothing, are for People to People clients only. Volunteers may not eat or take any donated items. ______

11) I understand that People to People reserves the right to dismiss volunteers for reasons which include, but are not limited to: inappropriate behavior, taking donated items, or chronic lateness/absence. In the case of dismissal, credit for hours served will be at the discretion of the management. ______

I hereby certify that all the information I have provided is complete and accurate and that I have read the items above and agree to these terms in their entirety.

Print Name: ________________________________ Signature: ______________________________ Date: ________

Parent/Guardian (print): ______________________ Signature: ______________________________ Date: ________
(If under the age of 18)

Please return your completed application to:
People to People
121 West Nyack Rd., Nanuet, NY 10954
Phone: 845-623-4900, x213 FAX: 845-623-4912
E-mail elyce@peopletopeopleinc.org http://www.peopletopeopleinc.org

After submitting your application, please call Elyce Bristol, Program Manager at 845-623-4900, x213. Scheduling of hours will depend upon your availability and our volunteer needs. If we do not have anything available for you at the current time, please feel free to follow up with us again in a couple of months, as our volunteer needs are constantly changing. Orientation and training will be provided upon commencement of service.

Thank you for your interest in People to People!