

3043 State Route 4, NY 12839 • (518) 747-2284 • Fax: (518) 747-22253 www.ascendmw.org

Volunteer Application

Contact Information:

Name	
Street Address	
City ST ZIP Code	
Home Phone	
Work Phone	
Cell Phone	
E-Mail Address	
Preferred Contact	Home Phone Work Phone Cell Phone Email
Method	

Availability:

During which hours are you available for volunteering?

____ Weekday Mornings

____ Weekday Afternoons

____ Specified Time Period _____

Interests:			
<u> </u>	Arts/Recreation		
	Community Inclusion		
<u> </u>	Agency/Program Events		
	Other:		

Programs you want to volunteer in:



East Side Center

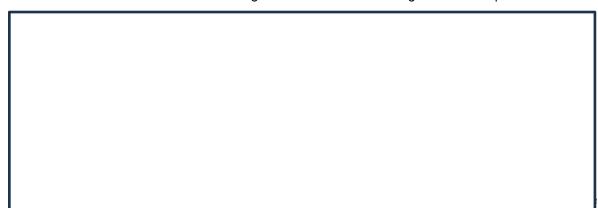


Wellness Farm & Garden



Special Skills or Qualifications:

Summarize special skills and qualifications you have acquired from employment, previous volunteer work and/or through other activities including hobbies or sports.



Previous Volunteer Experiences:

Summarize your previous volunteer experiences, including names and contact information of supervisors at each.

Emergency Contacts

Name #1	
Street Address	
City ST ZIP Code	
Home Phone	
Work Phone	
Cell Phone	

Name #2	
Street Address	
City ST ZIP Code	
Home Phone	
Work Phone	
Cell Phone	

Agreement & Signature:

By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if I am accepted as a volunteer, any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal.

Signature:	
Date:	

Thank you for completing this application form and your interest in volunteering with us!

This area is for Agency use ONLY:

This volunteer has chosen to work with:

Name of Individual responsible for their oversight/supervision:

State Date: _____ Anticipated Schedule: _____