



# ASCEND

MENTAL WELLNESS

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

[www.ascendmw.org](http://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 Method	<input type="checkbox"/> Home Phone <input type="checkbox"/> Work Phone <input type="checkbox"/> Cell Phone <input type="checkbox"/> Email

### Availability:

During which hours are you available for volunteering?

Weekday Mornings

Weekday Afternoons

Specified Time Period \_\_\_\_\_

### Interests:

- Arts/Recreation
- Community Inclusion
- Agency/Program Events
- Other: \_\_\_\_\_

### Programs you want to volunteer in:

- East Side Center
- Wellness Farm & Garden
- Dual Recovery

### 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.

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## 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:

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Name of Individual responsible for their oversight/supervision:

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State Date: \_\_\_\_\_ Anticipated Schedule: \_\_\_\_\_